TAB 15

Return of Organization Exempt from Income Tax

Under Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2001

Open to Public Inspection

ony of this return to satisfy state reporting requirements.

A For the 2001 calendar year, or tax year beginning ,2001. and entity Contributions of the complete indicates t	For the 2001 calendar year, or tax year beginning	inter	भागतिहरू अस् दिक्	renue Service		ganization may have to use					. 20	
Creak if applicable: Address change Name change Name change Po BOX 250 IEXINGTON, KY 40588-0250 IEXINGTON, KY 40588	Creek if applicable: Address change Name change Institute Name change Name	Ā	For t	ne 2001 calen	dar year, 1	or tax year beginning	, 2001, 8	na enai:	19	D Employer		
Amended return Application pending	Anended return Application pending Application 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Web site: N/A Organization type (check only one) Check only one) (Check only one) The organization's gross receipts are normally not more than securities a complete return. Some states require a complete return. Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. * 4,910,338. Revenue, Expenses, and Changes in Nat Assets or Fund Balances (see instructions) I contributions, gifts, grants, and similar amounts received: a Direct public support. b Indirect public support. c Government contributions (grants) d Tenal good lines and assessments. 4 Interest on savings and temporary cash investments 5 A8,471. 6 Gross rents. b Less: rental expenses. c Net rental income or (loss) (subtract line 6b from line 6a). 7 Other therefore is precised to Section 527 organizations. H and I are not applicable to Section 527 organizations. H (d) is this a group return for affisiates? Yes X No H (b) If yes, enter number of effisiates H (c) Are all affiliates recluded?. Yes No H (b) If yes, enter number of effisiates H (c) Are all affiliates recluded?. H (d) Is this a separate return life display. H (d) Is this a separate return life display. I contributions process in subtractions. I Enter 4-digit group GEN Check × X if the organization is not required to attach Schedule 8 (form 990, 90-EZ or 990-PF). I contributions, gifts, grants, and similar amounts received: a Direct public support. b Indirect public support. 1 Indirect public support. 2 Program service revenue including government fees and contracts (from Part VIII, line 93). 3 1,370,363. 4 Interest on savings and temporary cash investments. 5 A8,471. 6 Gross rents. b Less: rental expenses. c Not rental income or (loss) (subtract line 6b from line 6a). 7 Other there is a complete returns the accomplete return his day and applications. I contributions as a separate return with the IRS;		Check A N	if applicable: ddress change lame change hital return	Please use IRS label or print or type. See specific instruc-	JOCKEYS' GUILD, I	NC.		Y	E Telephone 859-	a number 259-3211 ng Cash X	
Application pending charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	Application pending charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Web site: N/A Organization type (check only one)		\vdash		gons.							
Application pending Charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Web site: ► N/A J Organization type (check only one). ► X 501(c) 5 ≺ (reset no.) 4947(a)(1) or S27 K Check here ► If the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization covered by a gross receipts are normally not more than sectived a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return. L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. ► 4, 910, 338. The contributions, gifts, grants, and similar amounts received: a Direct public support. b Indirect public support. c Government contributions (grants). d Test (ag lines file as file as file as a file as a supervise return filed by an organization covered by a gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. ► 4, 910, 338. 1 Contributions, gifts, grants, and similar amounts received: a Direct public support. b Indirect public support. c Government contributions (grants). 1 Test (ag lines file as file as group return for affiliates? I the difficiency of the list. See instructions. 1 Test (4-digit group GEN. ► Interest on Securities). 1 Contributions, gifts, grants, and similar amounts received: a Direct public support. b Indirect public support. c Government contributions (grants). 1 Test (ag lines file as group return for affiliates? I the difficiency list of the list. See instructions. 1 Test (4-digit group GEN. ► Interest on Securities). 1 Test (4-digit group GEN. ► Interest on Securities). 1 Test (4-digit group GEN. ► Interest on Securities). 1 Test (4-digit group GEN. ► Interest on Securities). 1 Test (4-digit group GEN. ► Interest on Securities). 1 Test (4-digit group GEN. ► Interest on Securities). 1 Test (4-digit group GEN. ► Interest on Securities). 1 Test (4-digit group GEN. ► Interest on Securities). 1 Test (4-digit group GEN. ► Interest on Securities).	Application periodic Section 501 (cycle) organization at completed Schedule A (Form 990 or 990-EZ). Web site: NA Organization type (check only one)						- J 4947(aVI) naneyemni	Hav	nd i are not appl	icable la Section	527 organizations.	
G Web site: ► N/A J Organization type (check only one) ► X 501(c) 5 ◄ (reset no.) 4947(a)(1) or 527 (if 'no.' attach a list. See instructions.) K Check here ► If the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mall, it should file a return without financial data. Some states require a complete return. L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 4, 910, 338. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions) 1 Contributions, gifts, grants, and similar amounts received: a Direct public support. b Indirect public support. c Government contributions (grants) 1 Is a trivour foliciest \$ \$ noncesh \$ \$ 1 d	Organization type Circleck only one) ► X 501(c) 5 (reset no.) 4947(e)(1) or 527 (reset no.) 40 40 40 40 40 40 40 4		^^	pplication pending	chari	lable trusts must attach a c	ompleted Schedule A	HO	a) is this a gro	up return for affi	wates? Yas	Ж
J Organization type (check only one)	Organization type (check only one)				(FOR	1 236 Pt 250-FFV						Π.,
J Organization type (check only one)	Organization type (check only one) X 501(c) 5 (react no.) 4947(a)(1) or 527 H (d) is bits a separate natural filed by an organization need not file a return with the IRS; but if the organization need not file a return with the IRS; but if the organization need not file a return with the IRS; but if the organization organization need not file a return with the IRS; but if the organization need not file a return with the IRS; but if the organization organization need not file a return with the IRS; but if the organization need not file a return without financial data. Some states require a complete return. Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 4, 910, 338 Check K if the organization to attach Schedule B (Form 990, 990-EZ or 990-PF). Revenue, Expenses, and Changes in Nat Assets or Fund Balances (see instructions) 1 Contributions, gifts, grants, and similar amounts received: a Direct public support. 1b 1b 1c 1c 1c 1c 1c 1c	G	Web	site: N/A		·····		H (C) Are all affili	ates included?	Yes	∐ wo
K Check here If the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return. L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. 4,910,338. Check	Check here If the organization's gross receipts are normally not into the gross are normally not into the gross agreed by a group rate of years agreed to see the gross and the gross are normally not into the gross agreed by a group rate of years agreed to gross a group of the gross and gross are normally not into the gross are normally not into the gross agreed to gross agreed by a group rate of years agreed to gross agreed by a group of years agreed to gross agreed by a group of years agreed to gross agreed by a group of years agreed to gross agreed by a group of years agreed to gross agreed by a group of years agreed by a group of years agreed to gross agreed by a group of years agreed to group of years agreed by a group of years agreed to gr	-	(rk only one)		X 501(c) 5 ≺ (rese		527 H (
\$25,000. The organization need not file a return with the Irol, but if the organization need not file a return without financial data. Some states require a complete return. L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12	\$25,000. The organization need not file a return with the tris, but if the distributions of the analytic should file a return without financial data. I Enter 4-digit group GEN Some states require a complete return. M Check K if the organization is not required to attach Schedule B (form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 4, 910, 338. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions) 1 Contributions, gifts, grants, and similar amounts received: a Direct public support. b Indirect public support. c Government contributions (grants) d Total (add lines 5) recess \$ 10 0. 2 Program service revenue including government fees and contracts (from Part VII, line 93). 2 Program service revenue including governments. 4 Interest on savings and temporary cash investments. 5 1 48,471. 6a Gross rents. 6b Cother investment Income or (loss) (subtract line 6b from line 6a). 7 Other investment Income (describe.)	<u>K</u>	-		the area	nization's aross reculDIS 200	normally not more than		organization	covered by a g	roup raking? Yas	X No
Some states required a complete return. Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. * 4,910,338. The contributions gifts, grants, and similar amounts received: a Direct public support. b Indirect public support. c Government contributions (grants) d Total (add lines and assessments. Program service revenue including government sees and contracts (from Part VIII, line 93). Membership dues and assessments. 4 Interest on savings and temporary cash investments. 5 Dividends and interest from securities. 6 Gross rents. 6 Less: rental expenses. 6 Other investment lincome (describe. *) 7 Other investment income (describe. *) 1 Check * X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) M Check * X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) It attach Schedule B (Form 990, 990-EZ, or 990-PF) 1 a tach Schedule B (Form 990, 990-EZ, or 990-PF) 1 a tach Schedule B (Form 990, 990-EZ, or 990-PF) 1 a tach Schedule B (Form 990, 990-EZ, or 990-PF) 1 a tach Schedule B (Form 990, 990-EZ, or 990-PF) 1 a tach Schedule B (Form 990, 990-EZ, or 990-PF) 1 a tach Schedule B (Form 990, 990-EZ, or 990-PF) 1 a tach Schedule B (Form 990, 990-EZ, or 990-PF) 1 a tach Schedule B (Form 990, 990-EZ, or 990-PF) 1 a tach Schedule B (Form 990, 990-EZ, or 990-PF) 1 a tach Schedule B (Form 990, 990-EZ, or 990-PF) 1 a tach Schedule B (Form 990, 990-EZ, or 990-PF) 2 a tach Schedule B (Form 990, 990-EZ, or 990-PF) 2 a tach Schedule B (Form 990, 990-EZ, or 990-PF) 1 a tach Schedule B (Form 990, 990-EZ, or 990-PF) 1 a tach Schedule B (Form 990, 990-EZ, or 990-PF) 1 a tach Schedule B (Form 990, 990-EZ, or 990-PF) 1 a tach Schedule B (Form 990, 990-EZ, or 990-PF) 1 a tach Schedule B (Form 990, 990-EZ, or 990-PF) 1 a tach Schedule B (Form 990, 990-EZ, or 990-PF) 1 a tach Schedule B (Form 990, 990-EZ, or 990-PF) 1 a tach Schedule B (Form 990, 990-EZ, or 990-PF) 2 a tach Schedule B (Form 990, 990-EZ, or 990-PF) 2 a tach Schedul	received a Form 990 Package in the main, it should like a Some states require a complete return. Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. 4, 910, 338. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions) 1 Contributions, gifts, grants, and similar amounts received: a Direct public support. 1b b Indirect public support. 1c c Government contributions (grants) 1c 2 Program service revenue including government fees and contracts (from Part VII, line 93). 2, 725, 246. 3 Membership dues and assessments. 3 1, 370, 363. 4 Interest on savings and temporary cash investments. 5 48, 471. 6a Gross rents. 6a b Less: rental expenses. 6b c Net rental income or (loss) (subtract line 6b from line 6a). 7	• •						n eta. I	Enter 4-0	sigit group G	EN -	
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. 4, 910, 338. to attach Schedule 8 (rorm 30, 35-27, tr 35-27). Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions) 1 Contributions, gifts, grants, and similar amounts received: a Direct public support. 1b Indirect public support. 1c Covernment contributions (grants) 1c Country 1c Co	Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions) 1 Contributions, gifts, grants, and similar amounts received: a Direct public support. b Indirect public support. c Government contributions (grants) 1 otal (add lines 5		rece	ived a Form 9	90 маскас е я сопт	je in the mail, it should hid :	D TOLUIS WILLIAMS III.	М	Check 1	- X if the org	janization is not requir	red
Revenue, Expenses, and Changes in Net Assets or Part Batances (see Install Batances) 1 Contributions, gifts, grants, and similar amounts received: a Direct public support. b Indirect public support. c Government contributions (grants). d Total (add lines). 2 Program service revenue including government fees and contracts (from Part VII, line 93). 2 Program service revenue including government fees and contracts (from Part VII, line 93). 3 Membership dues and assessments. 4 Interest on savings and temporary cash investments. 5 Dividends and interest from securities. 6a Gross rents. 6 Less: rental expenses. c Net rental income or (loss) (subtract line 6b from line 6a). 7 Other investment income (describe.	Revenue, Expenses, and Changes in Net Assets or runo balances (see Install 2012) 1 Contributions, gifts, grants, and similar amounts received: a Direct public support. b Indirect public support. c Government contributions (grants) d Tetal (add lines \$		3011	e states .equ		v Di I I Oh to Boo 12	► A 010 338.		to attach S	chedule 8 (Forn	n 990, 990-EZ, or 990-!	PF).
1 Contributions, gifts, grants, and similar amounts received: a Direct public support. b Indirect public support. c Government contributions (grants). d Total (add lines are contributed). 2 Program service revenue including government fees and contracts (from Part VII, line 93). 3 Membership dues and assessments. 4 Interest on savings and temporary cash investments. 5 Dividends and interest from securities. 6 Gross rents. 6 Less: rental expenses. c Net rental income or (loss) (subtract line 6b from line 6a). 7 Other investment income (describe.	1 Contributions, gifts, grants, and similar amounts received: a Direct public support. b Indirect public support. c Government contributions (grants). d Total (add lines and lines). 2 Program service revenue including government fees and contracts (from Part VII, line 93). 3 Membership dues and assessments. 4 Interest on savings and temporary cash investments. 5 Dividends and interest from securities. 6 Gross rents. 6 Less: rental expenses. c Net rental income or (loss) (subtract line 6b from line 6a). 7 Other investment Income (describe.	L	Gros	s receipts: Add	lines ob, t	e, 90, and 100 to little 12	Net Assets or Fund B	alance	s (see instri	uctions)		
a Direct public support. b Indirect public support. c Government contributions (grants). d Total (add lines a fire for the fire for	a Direct public support. b Indirect public support. c Government contributions (grants) d Tetal (add lines \$	Ra		Revenu	e, Exper	ISES, and Changes in	areivari				16	
b Indirect public support c Government contributions (grants) d Total (add lines 1	b Indirect public support c Government contributions (grants) d Total (add fine)		1	Contributions	s, gms, gr	aras, and similar amounts in	20411401	1a				
c Government contributions (grants) d Total (add lines 1c) (cash 5 1d) 2 Program service revenue including government fees and contracts (from Part VII, line 93). 2 2,725,2 3 Membership dues and assessments. 3 1,370,3 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities. 5 48,4 6a Gross rents	c Government contributions (grants) d Total (add fines and strong) Total (add fines and assessments) 2 Program service revenue including government fees and contracts (from Part VII, line 93). 3 1,370,363. 4 Interest on savings and temporary cash investments. 5 Dividends and interest from securities. 5 48,471. 6a Gross rents. 6b Less: rental expenses. c Net rental income or (loss) (subtract line 6b from line 6a). 7 Other investment Income (describe and strong) Total (add fines and strong) Total		8	Direct public	support		*,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	16		H		
d Total (add lines sources)	the Total (add fine) (assh \$		Ŀ	Indirect publ	ic support		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1c				
2 Program service revenue including government fees and contracts (from Part VII, line 93). 3 Membership dues and assessments. 4 Interest on savings and temporary cash investments. 5 Dividends and interest from securities. 6a Gross rents. 6 Less: rental expenses. c Net rental income or (loss) (subtract line 6b from line 6a). 7 Other investment income (describe.	2 Program service revenue including government fees and contracts (from Part VII, line 93). 3 Membership dues and assessments. 4 Interest on savings and temporary cash investments. 5 Dividends and interest from securities. 6 Gross rents. 6 Less: rental expenses. c Net rental income or (loss) (subtract line 6b from line 6a). 7 Other investment income (describe.		9	Government	COULIDAR	ons (grants)		``` <u>`</u>			ıd	0.
2 Program service revenue including government rees and contract (1) 3 1,370,3 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6a Gross rents 6 Less: rental expenses 6 Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe	2 Program service revenue including government less and contacts 3 1,370,363. 3 Membership dues and assessments. 4 Interest on savings and temporary cash investments. 5 Dividends and interest from securities. 6 Gross rents. 6 Less: rental expenses. 6 Net rental income or (loss) (subtract line 6b from line 6a). 6 Cheer investment income (describe.		١,	la tisough lc) (c	ash \$	nences	er and contracts (from Par	-VII line	93)		2,725	,246.
4 Interest on savings and temporary cash investments. 5 Dividends and interest from securities. 6a Gross rents. 6 Less: rental expenses. c Net rental income or (loss) (subtract line 6b from line 6a). 7 Other investment income (describe.	4 Interest on savings and temporary cash investments. 5 Dividends and interest from securities. 6a Gross rents. 6 Less: rental expenses. 6 Net rental income or (loss) (subtract line 6b from line 6a). 7 Other investment income (describe.		2	Program ser	vice rever	ne lucinglud Boyettimetir le	es and contracts (nom: e-					
5 Dividends and interest from securities. 6a Gross rents. 6 Less: rental expenses. 6 Net rental income or (loss) (subtract line 6b from line 6a). 6 Other investment income (describe.	5 Dividends and interest from securities 6a Gross rents 6b 6c 6c Net rental income or (loss) (subtract line 6b from line 6a) 6c 7. Other investment income (describe 7.		3	Membership	dues and	assessments					51	,123.
6a Gross rents. 6a b Less: rental expenses. c Net rental income or (loss) (subtract line 6b from line 6a). 7. Other investment income (describe	6a Gross rents. 6a 6b 6c 6c Net rental income or (loss) (subtract line 6b from line 6a) 7. Other investment Income (describe 6c 7. Other investment Income 6c 7. Other investment Income (describe 6c 7. Other investment Income 6c 7. Other investmen		4	Interest on s	avings an	d temporary cash investmen	us				48	,471.
b Less: rental expenses. 6b 6c c Net rental income or (loss) (subtract line 6b from line 6a) 6c 7. Other investment income (describe 9) 7	b Less: rental expenses. 6b 6c c Net rental income or (loss) (subtract line 6b from line 6a) 6c 7. Other investment Income (describe 7) 7		5	Dividends an	d interest	from securities	,	68		1.71		
c Net rental income or (loss) (subtract line 6b from line 6a)	b Less: rental expenses. c Net rental income or (loss) (subtract line 6b from line 6a). 7. Other investment Income (describe		62	Gross rents				6b				
7 Other investment income (describe	7 Other investment income (describe		b	Less: rental	expenses.		Ena Sal				1	
7 Other investment income (describe	7 Other investment income (describe (A) Securities (B) Other) [7	7	
音 (A) Securities (D) Outer (松葉似)	V Ra Gross amount from sales of assets other	R					(A) Securities		(B) Oth	er 📉	嵌	
8a Gross amount from sales of assets other than inventory	than inventory	Ý	88	Gross amour than inventor	nt from sa	les of assets other						
b Less: cost or other basis and sales expenses 474,407. 8b		ű	b	Less: cost or	other bas	sis and sales expenses	474,407.					
Gran or (loss) (starch schedule) STATEMENT 1 235, 813. 80	b Less: cost or other basis and sales expenses 474,407. 8b	_	i .	Gain or floss) (s	dtach schedu	(e) STATEMENT 1	. 235,813.					
d Net gain or (loss) (combine line 8c, columns (A) and (B))	Grin or (loss) (attach schedule) STATEMENT 1 235, 813. 80		6	Net gain or (loss) (con	nbine line 8c, columns (A) a	nd (B))		••••••		8d 235	,813.
9 Special events and activities (attach schedule)	Grin or (loss) (attach schedule) STATEMENT 1 235, 813. 80		9	Special even	ts and ac	livities (attach schedule)				W.		
the state of the s	c 6ain or (loss) (attach schedule). STATEMENT. 1. 235, 813. 8cl d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 235, 813. 9 Special events and activities (attach schedule)		2	Gross revenu	ie (not inc	duding \$	of contributions	. ,				
a Gross revenue (not including \$ or contributions	c 6ain or (loss) (attach schedule). STATEMENT 1 235,813. 8cl d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 3 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions	:	İ	reported on	ine 1a)			9a		- 24		
reported on line 1a)	c 6ain or (loss) (attach schedule). STATEMENT 1 235,813. 8cl d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 3 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions reported on line 1a). 9a		b	Less direct	expenses	other than fundraising expe	nses	9b				
reported on line 1s)	c 6ain or (loss) (attach schedule). STATEMENT 1 235, 813. 8cl d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 3 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions reported on line 1a). 9a b Less: direct expenses other than fundraising expenses. 9b			Net income o	or (loss) fo	om special events (subtract	line 9b from line 9a)					
reported on line 1a)	c 6ain or (loss) (attach schedule). STATEMENT 1 235,813. 8cl d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 3 Special events and activities (attach schedule) a Gross revenue (not including \$		10#	Gross sales	of invento	ry, less returns and allowan	ces	10a		1200		
reported on line 1a)	c 6ain or (loss) (attach schedule). STATEMENT 1 235, 813. 8c d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 235, 813. 9 Special events and activities (attach schedule) a Gross revenue (not including \$			Less: cost of	goods so	d		10b				
reported on line 1a)	c 6ain or (loss) (attach schedule). STATEMENT 1 235, 813. 8c d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 235, 813. 9 Special events and activities (attach schedule) a Gross revenue (not including \$: Bross profit of (loss) from s	ales of inventory (attach schedule) ((subtract line 10b from line 10a)					
reported on line 1a). b Less: direct expenses other than fundraising expenses. c Net income or (loss) from special events (subtract line 9b from line 9a). 10a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Bross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 10c	c 6ain or (loss) (attach schedule). STATEMENT: 1 235,813. 8c d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 3 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions reported on line 1a). 9a b Less: direct expenses other than fundraising expenses. 9b c Net income or (loss) from special events (subtract line 9b from line 9a) 9c 10a Gross sales of inventory, less returns and allowances. 10a b Less: cost of goods sold. 10b c 8ress profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c			Other revenu	e (from P	art VII, line 103)						
reported on line 1a). b Less: direct expenses other than fundraising expenses. c Net income or (loss) from special events (subtract line 9b from line 9a). 10a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 11 Other revenue (from Part VII, line 103).	c 6ain or (loss) (attach schedule). STATEMENT: 1 235,813. 8c d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 3 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions reported on line 1a). 9a b Less: direct expenses other than fundraising expenses. 9b c Net income or (loss) from special events (subtract line 9b from line 9a) 9c 10a Gross sales of inventory, less returns and allowances. 10a b Less: cost of goods sold. 10b c 8ross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c 11 Other revenue (from Part VII, line 103). 11 4, 915.		12	Total revenu	e (add line	es 1d, 2, 3, 4, 5, 6c, 7, 8d, 9	9c, 10c, and 11)			<u></u>	****	
reported on line 1a). b Less: direct expenses other than fundraising expenses. c Net income or (loss) from special events (subtract line 9b from line 9a). 10a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 11 Other revenue (from Part VII, line 103). 12 4, 435, 9	c 6ain or (loss) (attach schedule). STATEMENT: 1 235, 813. 8c d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 235, 813. 9 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions reported on line 1a). 9a b Less: direct expenses other than fundraising expenses. 9b c Net income or (loss) from special events (subtract line 9b from line 9a) 9c 10a Gross sales of inventory, less returns and allowances. 10a b Less: cost of goods sold 10b c 8ross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c 11 Other revenue (from Part VII, line 103). 11 4, 915. 12 17 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 4, 435, 931.		13	Program ser	vices (from	n line 44, column (B))				<u>] </u>		
reported on line 1a). b Less: direct expenses other than fundraising expenses. c Net income or (loss) from special events (subtract line 9b from line 9a). 10a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 11 Other revenue (from Part VII, line 103). 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 13 Program services (from line 44, column (B)).	c Gain or (loss) (attach schedule). STATEMENT. 1. 235, 813. 8cl d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 9 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions reported on line 1a). 9a b Less: direct expenses other than fundraising expenses. 9b c Net income or (loss) from special events (subtract line 9b from line 9a). 9c 10a Gross sales of inventory, less returns and allowances. 10a b Less: cost of goods sold. 10b 11 Other revenue (from Part VII, line 103). 11 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 12 4, 435, 931. 13 Program services (from line 44, column (B)). 13 3, 411, 682.	X	14	Management	and dene	eral (from line 44, column (0	())					, 4 /3.
reported on line 1a). b Less: direct expenses other than fundraising expenses. c Net income or (loss) from special events (subtract line 9b from line 9a). 10a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 11 Other revenue (from Part VII, line 103). 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 13 Program services (from line 44, column (B)).	c Gain or (loss) (attach schedule). STATEMENT. 1. 235, 813. 8cl d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 9 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions reported on line 1a). 9a b Less: direct expenses other than fundraising expenses. 9b c Net income or (loss) from special events (subtract line 9b from line 9a). 9c 10a Gross sales of inventory, less returns and allowances. 10a b Less: cost of goods sold. 10b 11 Other revenue (from Part VII, line 103). 11 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 12 4, 435, 931. 13 Program services (from line 44, column (B)). 13 3, 411, 682.	£	15	Fundraising	(from line	44, column (D))				· · · · · · · · · <u>I · · · · · · · · </u>		
reported on line 1a). b Less: direct expenses other than fundraising expenses. c Net income or (loss) from special events (subtract line 9b from line 9a). 10a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 11 Other revenue (from Part VII, line 103). 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 13 Program services (from line 44, column (B)).	c Gain or (loss) (attach schedule). STATEMENT. 1. 235, 813. 8cl d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 9 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions reported on line 1a). 9a b Less: direct expenses other than fundraising expenses. 9b c Net income or (loss) from special events (subtract line 9b from line 9a). 9c 10a Gross sales of inventory, less returns and allowances. 10a b Less: cost of goods sold. 10b 11 Other revenue (from Part VII, line 103). 11 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 12 4, 435, 931. 13 Program services (from line 44, column (B)). 13 3, 411, 682.	N S	16	Payments to	affiliates	(attach schedule)				<u> </u>		4 -
reported on line 1a). b Less: direct expenses other than fundraising expenses. c Net income or (loss) from special events (subtract line 9b from line 9a). 10a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 11 Other revenue (from Part VII, line 103). 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 13 Program services (from line 44, column (B)). 14 Management and general (from line 44, column (C)). 15 Fundraising (from line 44, column (D)). 16	c 6ain or (loss) (attach schedule). STATEMENT. 1. 235,813. 8c 8d 235,813. 8d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 235,813. 8d 235,8	<u>E</u> 5	17	Total expens	es čadd li	nes 16 and 44, column (A))				<u></u>		
reported on line 1a). b Less: direct expenses other than fundraising expenses. c Net income or (loss) from special events (subtract line 9b from line 9a). 10a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Bross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 11 Other revenue (from Part VII, line 103). 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 13 Program services (from line 44, column (B)). 14 Management and general (from line 44, column (C)). 15 Fundraising (from line 44, column (D)). 16 Payments to affiliates (attach schedule). 17 Total expenses (add lines 16 and 44, column (A)).	c Gain or (loss) (attach schedule). STATEMENT: 1. 235,813. 8cl d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 3 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions reported on line 1a). 9a b Less: direct expenses other than fundraising expenses. 9b c Net income or (loss) from special events (subtract line 9b from line 9a). 9c 10a Gross seles of inventory, less returns and allowances. 10b b Less: cost of goods sold. 10b c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 11 Other revenue (from Part VII, line 103). 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 12 4, 435, 931. 13 Program services (from line 44, column (B)). 13 14 Management and general (from line 44, column (C)). 15 15 Fundraising (from line 44, column (D)). 15 16 Payments to affiliates (attach schedule). 17 17 Total expenses (add lines 16 and 44, column (A)). 17 17 Total expenses (add lines 16 and 44, column (A)). 17 18 Total expenses (add lines 16 and 44, column (A)). 17 19 Total expenses (add lines 16 and 44, column (A)).		30	Freess or (d	eficit) for	the year (subtract line 17 fro	om line 12)			<u>13</u>		
reported on line 1a). b Less: direct expenses other than fundraising expenses. c Net income or (loss) from special events (subtract line 9b from line 9a). 10a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 11 Other revenue (from Part VII, line 103). 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 13 Program services (from line 44, column (B)). 14 Management and general (from line 44, column (C)). 15 Fundraising (from line 44, column (D)). 16 Payments to affiliates (attach schedule). 17 Total expenses (add lines 16 and 44, column (A)). 18 — 394, 2	c Sain or (loss) (attach schedule). STATEMENT 1 235,813. 8c d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 235,813. 9 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions reported on line 1a). 9a b Less: direct expenses other than fundraising expenses. 9b c Net income or (loss) from special events (subtract line 9b from line 9a) 9c c Net income or (loss) from special events (subtract line 9b from line 9a) 9c c Net income or (loss) from special events (subtract line 9b from line 9a) 10a Gross seles of inventory, less returns and allowances. 10a 10b 10c c gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11c c gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11c 4, 915. 12 4,435,931. 12 Total evenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 4,435,931. 13 3,411,682. 13 Program services (from line 44, column (B)). 13 3,411,682. 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 17 4,830,155. 18 Fundraising (from lines 16 and 44 column (A)) 17 4,830,155. 18 Fundraising (from lines 16 and 44 column (A)) 17 4,830,155. 18 Fundraising (from lines 16 and 44 column (A)) 18 Fundraising (from lines 16 and 44 column (A)) 18 Fundraising (from lines 16 and 44 column (A)) 18 Fundraising (from lines 16 and 44 column (A)) 18 Fundraising (from lines 16 and 44 column (A)) 18 Fundraising (from lines 16 and 44 column (B)) 18 Fundraising (from lines 16 and 44 column (B)) 18 Fundraising (from lines 16 and 44 column (B)) 18 Fundraising (from lines 16 and 44 column (B)) 18 Fundraising (from lines 17 from lines 12) 18 Fundraising (from lines 18 and 44 column (B)) 18 Fundraising (from lines 17 from lines 12) 18 Fundraising (from lines 18 and 44 column (B)) 18 Fundraising (from lines 18 and 44 colum	, S	19	Net assets o	r fund bali	ances at beginning of year ((from line 73, column (A)).			· · · · · · · · · · · · · · · · · · ·		
reported on line 1a). b Less: direct expenses other than fundraising expenses. c Net income or (loss) from special events (subtract line 9b from line 9a). 10a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 11 Other revenue (from Part VII, line 103). 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 13 Program services (from line 44, column (B)). 14 Management and general (from line 44, column (C)). 15 Fundraising (from line 44, column (D)). 16 Payments to affiliates (attach schedule). 17 Total expenses (add lines 16 and 44, column (A)). 18 — 394, 2	c Sain or (loss) (attach schedule). STATEMENT 1 235,813. 8c d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 235,813. 9 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions reported on line 1a). 9a b Less: direct expenses other than fundraising expenses. 9b c Net income or (loss) from special events (subtract line 9b from line 9a) 9c c Net income or (loss) from special events (subtract line 9b from line 9a) 9c c Net income or (loss) from special events (subtract line 9b from line 9a) 10a Gross seles of inventory, less returns and allowances. 10a 10b 10c c gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11c c gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11c 4, 915. 12 4,435,931. 12 Total evenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 4,435,931. 13 3,411,682. 13 Program services (from line 44, column (B)). 13 3,411,682. 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 17 4,830,155. 18 Fundraising (from lines 16 and 44 column (A)) 17 4,830,155. 18 Fundraising (from lines 16 and 44 column (A)) 17 4,830,155. 18 Fundraising (from lines 16 and 44 column (A)) 18 Fundraising (from lines 16 and 44 column (A)) 18 Fundraising (from lines 16 and 44 column (A)) 18 Fundraising (from lines 16 and 44 column (A)) 18 Fundraising (from lines 16 and 44 column (A)) 18 Fundraising (from lines 16 and 44 column (B)) 18 Fundraising (from lines 16 and 44 column (B)) 18 Fundraising (from lines 16 and 44 column (B)) 18 Fundraising (from lines 16 and 44 column (B)) 18 Fundraising (from lines 17 from lines 12) 18 Fundraising (from lines 18 and 44 column (B)) 18 Fundraising (from lines 17 from lines 12) 18 Fundraising (from lines 18 and 44 column (B)) 18 Fundraising (from lines 18 and 44 colum	ES	20	Other change	es in net a	issets or fund balances (atta	ach explanation)SE	E STA	TEMENT.	<u>ای ا</u>		
reported on line 1a). b Less: direct expenses other than fundraising expenses. c Net income or (loss) from special events (subtract line 9b from line 9a) 10a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Bross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 Other revenue (from Part VII, line 103). 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 13 Program services (from line 44, column (B)). 14 Management and general (from line 44, column (C)). 15 Fundraising (from line 44, column (D)). 16 Payments to affiliates (attach schedule). 17 Total expenses (add lines 16 and 44, column (A)). 18 Excess or (deficit) for the year (subtract line 17 from line 12). 19 Net assets or fund balances at beginning of year (from line 73, column (A)). 10a 11b 12c 13a 14 4,435,4 15 Fundraising (from line 44, column (C)). 15 16 17 Total expenses (add lines 16 and 44, column (A)). 18 Excess or (deficit) for the year (subtract line 17 from line 12). 19 Net assets or fund balances at beginning of year (from line 73, column (A)). 19 3,719,5 10a 11b 12c 13a 14c 15c 16c 17c 17c 18c 17c 17c 17c 17c 17	c Sain or (loss) (attach schedule). STATEMENT 1. 235,813. 8c d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 235,813. 9 Special events and activities (attach schedule) a Gross revenue (not including \$	S	21	Net mesate or	r fund bal	ances at end of year (combi	ine lines 18, 19, and 20)		******			<u> </u>
b Less: cost or other basis and sales expenses		Ë	b	Less: cost or	other bat	sis and sales expenses						
b Less: cost or other basis and sales expenses. 472,407.	TI E AMA AND DEL MARKET	Ë	b	Less: cost or	other bas	sis and sales expenses						
Gran or (loss) (attach schedule) STATEMENT 1 235, 813. 80	ii h less; cost or other basis and sales expenses	E	i .	Gain or floss) (s	dtach schedu	(e) STATEMENT 1	. 235,813.					
E D LESS, CLIST Of White Land College	U blant met or other hasis and sales expenses 474,407. 8b	Ė	Į.	Less. Cost of	Outer De.	A CTATEMENT 1	235.813.	BC				
Gran or (loss) (attach schedule) STATEMENT 1 235, 813. 80	b Less: cost or other basis and sales expenses 474,407. 8b	-	i .	Gain or floss) (s	dtach schedu	(e) STATEMENT 1	. 235,813.					
1 a Com of (1981) (2014CD SCORDUR) . STATEMENT	b Less: cost or other basis and sales expenses		C	: Gain or (loss) (a	ttach schedu	ie) STATEMENT .1						813
d Net gain or (loss) (combine line 8c, columns (A) and (B))	Grin or (loss) (attach schedule) STATEMENT 1 235, 813. 80		6	Net gain or (loss) (con	bine line 8c, columns (A) a	nd (B))		•• • • • • • • • • • • • • • • • • • • •	[8d 235	<u>,813.</u>
d Net gain or (loss) (combine line 8c, columns (A) and (B))	Grin or (loss) (attach schedule) STATEMENT 1 235, 813. 80		ε	Net gain or (loss) (con	nbine line 8c, columns (A) a	nd (B))		•• • • • • • • • • • • • • • • • • • • •		80 255	,613.
d Net gain or (loss) (combine line ac, columns (A) and (b))	Grin or (loss) (attach schedule) STATEMENT 1 235, 813. 80			Net gain or (ioss) (con	ipine line ac, columns (n) a Builles (altach cchedule)	iiki (b))				K	· · · · · · · · · · · · · · · · · · ·
a consist owners and activities (attach schedule)	Grin or (loss) (attach schedule) STATEMENT 1 235, 813. 80		, "	e (tet gell) v: (te and ac	ivities (attach schedule)	• • •					
9 Special events and activities (attach schedule)	c 6ain or (loss) (attach schedule). STATEMENT 1 235,813. 8cl 8d 235,813. d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 235,813.		9	Special even	ts and ac	livities (attach schedule)	an annihi Historia					
- Company Comp	c 6ain or (loss) (attach schedule). STATEMENT. 1. 235, 813. 8cl d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 235, 813. 9 Special events and activities (attach schedule)		a	Gross revenu	ie (not inc	studing \$	of contributions	. ,				
a Gross revenue (not including \$ of contributions	c 6ain or (loss) (attach schedule). STATEMENT 1 235,813. 8cl d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 3 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions		İ	reported on	ine 1a)			9a		201		
a Gross revenue (not including \$ or contributions reported on line 1a).	c 6ain or (loss) (attach schedule). STATEMENT 1 235,813. 8cl d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 3 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions			Less direct	expenses	other than fundraising expe	nses	96				
reported on line 1a)	c 6ain or (loss) (attach schedule). STATEMENT 1 235,813. 8cl d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 3 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions reported on line 1a). 9a		. ا	Nat income	or (Inse) f	om special events (subtract	line 9b from line 9a)	• • • • • • •				
reported on line 1a)	c Gain or (loss) (attach schedule). STATEMENT: 1. 235, 813. 8cl d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 9 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions reported on line 1a). 9a b Less: direct expenses other than fundraising expenses. 9b 9c			(Yet lilcolle t	n (1865) ii	at less solves and allower	cac	10a		1200		
reported on line 1a)	c Gain or (loss) (attach schedule). STATEMENT. 1. 235, 813. 8cl d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 3 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions reported on line 1a). 9a b Less: direct expenses other than fundraising expenses. 9b c Net income or (loss) from special events (subtract line 9b from line 9a). 9c		108	Gross seies	ot invento	ry, less returns and zhowan				45		
reported on line 1a)	c 6ain or (loss) (attach schedule). STATEMENT 1 235, 813. 8c d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 235, 813. 9 Special events and activities (attach schedule) a Gross revenue (not including \$		t	Less: cost of	g0005 50	Character and a second and administration	rechange time 10h from line 10h	11				
reported on line 1a)	c 6ain or (loss) (attach schedule). STATEMENT 1 235, 813. 8c d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 235, 813. 9 Special events and activities (attach schedule) a Gross revenue (not including \$: glosz beneur ne (1022) HOU 2	mes of fine they (account someone)	,				1 4	,915.
reported on line 1a). b Less: direct expenses other than fundraising expenses. c Net income or (loss) from special events (subtract line 9b from line 9a). 10a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 10c	c 6ain or (loss) (attach schedule). STATEMENT: 1 235,813. 8c d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 3 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions reported on line 1a). 9a b Less: direct expenses other than fundraising expenses. 9b c Net income or (loss) from special events (subtract line 9b from line 9a) 9c 10a Gross sales of inventory, less returns and allowances. 10a b Less: cost of goods sold. 10b c 8ress profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c			Other revenu	e (itoni e		2e 10e and 11\			12	2 4,435	,931.
reported on line 1a). b Less: direct expenses other than fundraising expenses. c Net income or (loss) from special events (subtract line 9b from line 9a). 10a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 11 Other revenue (from Part VII, line 103). 12 A, 435, 9	c 6ain or (loss) (attach schedule). STATEMENT: 1 235, 813. 8c d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 235, 813. 9 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions reported on line 1a). 9a b Less: direct expenses other than fundraising expenses. 9b c Net income or (loss) from special events (subtract line 9b from line 9a) 9c 10a Gross sales of inventory, less returns and allowances. 10a b Less: cost of goods sold 10b c 8ross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c 11 Other revenue (from Part VII, line 103). 11 4, 915. 12 17 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 4, 435, 931.			Dronram con	rices (from	n line 44, column (B)).					3 3,411	,682.
reported on line 1a). b Less: direct expenses other than fundraising expenses. c Net income or (loss) from special events (subtract line 9b from line 9a). 10a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 11 Other revenue (from Part VII, line 103). 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 13 Program services (from line 44, column (B)).	c Gain or (loss) (attach schedule). STATEMENT. 1. 235, 813. 8cl d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 9 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions reported on line 1a). 9a b Less: direct expenses other than fundraising expenses. 9b c Net income or (loss) from special events (subtract line 9b from line 9a). 9c 10a Gross sales of inventory, less returns and allowances. 10a b Less: cost of goods sold. 10b 11 Other revenue (from Part VII, line 103). 11 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 12 4, 435, 931. 13 Program services (from line 44, column (B)). 13 3, 411, 682.	X.		Management	and dene	eral (from line 44, column (0	())					<u>,4/3.</u>
reported on line 1a). b Less: direct expenses other than fundraising expenses. c Net income or (loss) from special events (subtract line 9b from line 9a). 10a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 11 Other revenue (from Part VII, line 103). 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 13 Program services (from line 44, column (B)).	c Gain or (loss) (attach schedule). STATEMENT. 1. 235, 813. 8cl d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 9 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions reported on line 1a). 9a b Less: direct expenses other than fundraising expenses. 9b c Net income or (loss) from special events (subtract line 9b from line 9a). 9c 10a Gross sales of inventory, less returns and allowances. 10a b Less: cost of goods sold. 10b 11 Other revenue (from Part VII, line 103). 11 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 12 4, 435, 931. 13 Program services (from line 44, column (B)). 13 3, 411, 682.	E	15	Fundraising	(from line	44, column (D))				· · · · · · · · · <u>I · · · · · · · · · ·</u>		
reported on line 1a). b Less: direct expenses other than fundraising expenses. c Net income or (loss) from special events (subtract line 9b from line 9a). 10a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 11 Other revenue (from Part VII, line 103). 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 13 Program services (from line 44, column (B)).	c Gain or (loss) (attach schedule). STATEMENT. 1. 235, 813. 8cl d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 9 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions reported on line 1a). 9a b Less: direct expenses other than fundraising expenses. 9b c Net income or (loss) from special events (subtract line 9b from line 9a). 9c 10a Gross sales of inventory, less returns and allowances. 10a b Less: cost of goods sold. 10b 11 Other revenue (from Part VII, line 103). 11 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 12 4, 435, 931. 13 Program services (from line 44, column (B)). 13 3, 411, 682.	5	16	Payments to	affiliates	(attach schedule)						155
reported on line 1a). b Less: direct expenses other than fundraising expenses. c Net income or (loss) from special events (subtract line 9b from line 9a). 10a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 11 Other revenue (from Part VII, line 103). 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 13 Program services (from line 44, column (B)). 14 Management and general (from line 44, column (C)). 15 Fundraising (from line 44, column (D)). 16 Payments to affiliates (attach schedule).	c 6ain or (loss) (attach schedule). STATEMENT. 1. 235,813. 8c 8d 235,813. 8d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 235,813. 8d 235,8	5	17	Total expens	es (add li	nes 16 and 44, column (A))			**********			
reported on line 1a). b Less: direct expenses other than fundraising expenses. c Net income or (loss) from special events (subtract line 9b from line 9a). 10a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 11 Other revenue (from Part VII, line 103). 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 13 Program services (from line 44, column (B)). 14 Management and general (from line 44, column (C)). 15 Fundraising (from line 44, column (D)). 16 Payments to affiliates (attach schedule). 17 4, 830, 1	c Gain or (loss) (attach schedule). STATEMENT: 1. 235,813. 8cl d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 3 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions reported on line 1a). 9a b Less: direct expenses other than fundraising expenses. 9b c Net income or (loss) from special events (subtract line 9b from line 9a). 9c 10a Gross seles of inventory, less returns and allowances. 10b b Less: cost of goods sold. 10b c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 11 Other revenue (from Part VII, line 103). 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 12 4, 435, 931. 13 Program services (from line 44, column (B)). 13 14 Management and general (from line 44, column (C)). 15 15 Fundraising (from line 44, column (D)). 15 16 Payments to affiliates (attach schedule). 17 17 Total expenses (add lines 16 and 44, column (A)). 17 17 Total expenses (add lines 16 and 44, column (A)). 17 18 Total expenses (add lines 16 and 44, column (A)). 17 19 Total expenses (add lines 16 and 44, column (A)).	A	18	Excess or (d	eficit) for	the year (subtract line 17 fro	om ine (2)					
reported on line 1a). b Less: direct expenses other than fundraising expenses. c Net income or (loss) from special events (subtract line 9b from line 9a). 10a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 11 Other revenue (from Part VII, line 103). 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 13 Program services (from line 44, column (B)). 14 Management and general (from line 44, column (C)). 15 Fundraising (from line 44, column (D)). 16 Payments to affiliates (attach schedule). 17 Total expenses (add lines 16 and 44, column (A)). 18 — 394, 2	c Sain or (loss) (attach schedule). STATEMENT 1 235,813. 8c d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 235,813. 9 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions reported on line 1a). 9a b Less: direct expenses other than fundraising expenses. 9b c Net income or (loss) from special events (subtract line 9b from line 9a) 9c c Net income or (loss) from special events (subtract line 9b from line 9a) 9c c Net income or (loss) from special events (subtract line 9b from line 9a) 10a Gross seles of inventory, less returns and allowances. 10a 10b 10c c gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11c c gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11c 4, 915. 12 4,435,931. 12 Total evenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 4,435,931. 13 3,411,682. 13 Program services (from line 44, column (B)). 13 3,411,682. 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 17 4,830,155. 18 Fundraising (from lines 16 and 44 column (A)) 17 4,830,155. 18 Fundraising (from lines 16 and 44 column (A)) 17 4,830,155. 18 Fundraising (from lines 16 and 44 column (A)) 18 Fundraising (from lines 16 and 44 column (A)) 18 Fundraising (from lines 16 and 44 column (A)) 18 Fundraising (from lines 16 and 44 column (A)) 18 Fundraising (from lines 16 and 44 column (A)) 18 Fundraising (from lines 16 and 44 column (B)) 18 Fundraising (from lines 16 and 44 column (B)) 18 Fundraising (from lines 16 and 44 column (B)) 18 Fundraising (from lines 16 and 44 column (B)) 18 Fundraising (from lines 17 from lines 12) 18 Fundraising (from lines 18 and 44 column (B)) 18 Fundraising (from lines 17 from lines 12) 18 Fundraising (from lines 18 and 44 column (B)) 18 Fundraising (from lines 18 and 44 colum	N S	19	Net assets of	r fund bal	ances at beginning of year ((from line 73, column (A))					
reported on line 1a). b Less: direct expenses other than fundraising expenses. c Net income or (loss) from special events (subtract line 9b from line 9a). 10a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 11 Other revenue (from Part VII, line 103). 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 13 Program services (from line 44, column (B)). 14 Management and general (from line 44, column (C)). 15 Fundraising (from line 44, column (D)). 16 Payments to affiliates (attach schedule). 17 Total expenses (add lines 16 and 44, column (A)). 18 — 394, 2	c Sain or (loss) (attach schedule). STATEMENT 1 235,813. 8c d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 235,813. 9 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions reported on line 1a). 9a b Less: direct expenses other than fundraising expenses. 9b c Net income or (loss) from special events (subtract line 9b from line 9a) 9c c Net income or (loss) from special events (subtract line 9b from line 9a) 9c c Net income or (loss) from special events (subtract line 9b from line 9a) 10a Gross seles of inventory, less returns and allowances. 10a 10b 10c c gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11c c gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11c 4, 915. 12 4,435,931. 12 Total evenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 4,435,931. 13 3,411,682. 13 Program services (from line 44, column (B)). 13 3,411,682. 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 17 4,830,155. 18 Fundraising (from lines 16 and 44 column (A)) 17 4,830,155. 18 Fundraising (from lines 16 and 44 column (A)) 17 4,830,155. 18 Fundraising (from lines 16 and 44 column (A)) 18 Fundraising (from lines 16 and 44 column (A)) 18 Fundraising (from lines 16 and 44 column (A)) 18 Fundraising (from lines 16 and 44 column (A)) 18 Fundraising (from lines 16 and 44 column (A)) 18 Fundraising (from lines 16 and 44 column (B)) 18 Fundraising (from lines 16 and 44 column (B)) 18 Fundraising (from lines 16 and 44 column (B)) 18 Fundraising (from lines 16 and 44 column (B)) 18 Fundraising (from lines 17 from lines 12) 18 Fundraising (from lines 18 and 44 column (B)) 18 Fundraising (from lines 17 from lines 12) 18 Fundraising (from lines 18 and 44 column (B)) 18 Fundraising (from lines 18 and 44 colum	ES	20	Other change	es in net a	issets or fund balances (atta	ach explanation)SE	E STA	TEMENT.	<u>ای ا</u>		
reported on line 1a). b Less: direct expenses other than fundraising expenses. c Net income or (loss) from special events (subtract line 9b from line 9a) 10a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Bross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 Other revenue (from Part VII, line 103). 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 13 Program services (from line 44, column (B)). 14 Management and general (from line 44, column (C)). 15 Fundraising (from line 44, column (D)). 16 Payments to affiliates (attach schedule). 17 Total expenses (add lines 16 and 44, column (A)). 18 Excess or (deficit) for the year (subtract line 17 from line 12). 19 Net assets or fund balances at beginning of year (from line 73, column (A)). 10a 11b 12c 13a 14 4,435,4 15 Fundraising (from line 44, column (C)). 15 16 17 Total expenses (add lines 16 and 44, column (A)). 18 Excess or (deficit) for the year (subtract line 17 from line 12). 19 Net assets or fund balances at beginning of year (from line 73, column (A)). 19 3,719,5 10a 11b 12c 13a 14c 15c 16c 17c 17c 18c 17c 17c 17c 17c 17	c Sain or (loss) (attach schedule). STATEMENT 1. 235,813. 8c d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 235,813. 9 Special events and activities (attach schedule) a Gross revenue (not including \$	Š	77	Net secote n	fund hal	ances at end of year (combi	ine lines 18, 19, and 20)	<u> </u>		2		<u> </u>
reported on line 1a). b Less: direct expenses other than fundraising expenses. c Net income or (loss) from special events (subtract line 9b from line 9a). 10a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 11 Other revenue (from Part VII, line 103). 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 13 Program services (from line 44, column (B)). 14 Management and general (from line 44, column (C)). 15 Fundraising (from line 44, column (D)). 16 Payments to affiliates (attach schedule). 17 Total expenses (add lines 16 and 44, column (A)). 18 Excess or (deficit) for the year (subtract line 17 from line 12). 19 Net assets or fund balances at beginning of year (from line 73, column (A)). 20 Other changes in net assets or fund balances (attach explanation). SEE STATEMENT 2. 21 3, 457, 64	c Sain or (loss) (attach schedule). STATEMENT 1. 235,813. 8c d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 235,813. 9 Special events and activities (attach schedule) a Gross revenue (not including \$. *	الصد	THE LESS THE C							Form 99	A MOOD 1

•	*255 25522222	43b				
ŧ	⁷	43c				
•						
•	1	43 d				
		43 e				
	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.	44	4,830,155.	3,411,682.	1,418,473.	0.
oìn	t Costs, Check. If you are following	SOP !	98-2.			Yes X No
re:	any joint costs from a combined educations	al can	npaign and fundraising s	solicitation reported in (t	3) Program services:	
ΊΥ	' animal' the aggregate amount of these	ioint	costs \$; (H) the a	Month Shocaten to bind	1 (21) 1 3 (C) 4 (C) (C)
Ş	; (lii) the amount all	ocated	d to management and g	eneral Ş	; and (iv) th	e amount asocated
س. زا†	ndraising S .					
	Statement of Program Serv	ice /	\ccomplishments			Program Service Expenses
	3 3 4 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		E TABOD ODGAN	MIZATION	5	(Required for S01(c)(3) and
م ال	t is the organization's primary exempt but- (ganizations must describe their exempt puts served, publications issued, etc. Discus- tons & section 4947(a)(1) nonexempt charit	JFD05	achievements in a clea	er and concise manner. heastirable (Section 50	State the fulliller of 1 (c)(3) & (4) organ-	(4) organizations and 4947(a)(1) trusts; but optional for others.)
lien	its served, publications issued, etc. Discust one & section 4947(a)(1) nonexempt charit	able t	rusts must also enter th	e amount of grants & al	locations to others.)	optional for others.)
	SEE STATEMENT 4					
4						
			Grants and	allocations \$	<u>)</u>	3,411,682.
ŧ)					
			(Grants and	allocations \$		
•						
				,		
			(Grants and	allocations \$	<u> </u>	
						ł
•						
			/C	allocations \$)	
	Other program services)_	
	Total of Program Service Expenses (sho	uld er	wal line 44, column (B)	program services)		3,411,682.
		0,0 60	7EEA0102L 0			Form 990 (200 1)
AA	•		122-01000			

Balance Sheets (See instructions)

	Mhere required, attached schedules and amounts within to solumn should be for end-of-year amounts only.	ne description	(A) Beginning of year		(B) End of year
	5 Cash — non-interest-bearing			45	2 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
1	6 Savings and temporary cash investments		904,426.	46	2,123,038.
- 1	6 384 kigs and tomporery control			5.4	
, ا	7 a Accounts receivable	7a 367,65		-16-1	262 656
"	b Less: allowance for doubtful accounts	7b	441,763.	47 c	<u> 367,656.</u>
1	J 2033. Silver and a second and				
١,	8a Pledges receivable	18 a			
*	b Less: allowance for doubtful accounts	18 b		48c	
١,	9 Grants receivable			49	
A 5	 Receivables from officers, directors, trustees, and key employees (attach schedule) 		-1-	50	
A S	a Other notes & loans receivable (attach sch).	51 a			
F '	b Less: allowance for doubtful accounts	51 b		51 c	
5	2 Inventories for sale or use			52	
	2 Inventories for sale to dise. 3 Prepaid expenses and deferred charges.		83,817.	53	16,614.
:	Prepaid expenses and detarted charges 4 Investments – securities (attach schedule). SEE, S	r 5 ► Cost X F	WV 2,372,086.		1,669,093.
	4 Investments - Securities (allieur & equipment basis	55a			
- ∤ :	54 Investments - Islan, bandings, & addition			-0.23E	
	b Less: accumulated depreciation	55 b		55 c	
	FRITZICH SCHEOUIC)		6 12,881.	56	35,399
1	is investments – other (attach schedule)	57a 139,50			
;	78 Land, pulicings, disc equipment, secie.				
	b Less: accumulated depreciation (attach schedule) STATEMENT . 7	57b 129,17	3. 20,456.	. 57c	10,332
)	58	
	Other assets (describe > Total assets (add lines 45 through 58) (must equal lines 45)	ne 74)	3,835,429	. 59	4,222,132
	il i i i i i i i i i i i i i i i i i i		115,438	. 60	309,332
	Accounts payable and accrued expenses			61	
!	Grants payable			62	
â S	2 Deterred revenue 3 Loans from officers, directors, trustees, and key employees (attach)	chedule)		63	
	4a Tax-exempt bond liabilities (attach schedule)			64 a	
+ 1	b Mortgages and other notes payable (attach schedule).			64 b	
E	55 Other liabilities (describe - SEE STATEMENT 6)	65	454,934
5 (Total liabilities (add lines 60 through 65)		115,438	. 66	764,266
	anizations that follow SFAS 117, check here - X and	complete lines 67			
N Ou	through 69 and lines 73 and 74.	•			
¥	Unrestricted		3,126,577	. 67	2,884,266
5			593,314	. 68	573,600
[]	Se Temporarily restricted			69	
1 0	is Permanently restricted	and complete lines			·-
S Out					
	70 through 74. No Capital stock, trust principal, or current funds			70	
ž i	Paid-in or capital surplus, or land, building, and equip	ment fund		71	
В	Paki-in or capital surplus, or land, building, and equi	or other funds		72	
()	Retained earnings, endowment, accumulated income			200	
	3 Total net assets or fund balances (add lines 67 throu	igh 69 or lines 70 throu	gh 3,719,991	. 73	3,457,866
¥	72: column (A) must equal line 19 and column (D) m	USC ECIDAL BLIC TO CO.		. 74	4,222,132
~	74 Total liabilities and net assets/fund balances (add lin	162 DO BUU 12)		<u> </u>	. A A A A STATE OF THE STATE OF

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Form	990 (2001) JOCKEYS' GUILD, 1	INC.	V-12	NV-BE Reconcilia	Non of Expanses	Page 4
Par	Reconciliation of Revenue Financial Statements with	e per Audited	Par	Financial S	tion of Expenses Statements with E	xpenses
	per Return (See instruction	ns.)		per Return		•
			а	Total expenses and	osses per audited	
a	Total revenue, gains, and other support per audited financial statements.	a 4,202,577.	•	financial statements		4,830,155.
þ	Amounts included on line a but not on line 12, Form 990:		ь	Amounts included or on line 17, Form 990	i line a but not	
an)	Net unrealized		(1) Donated serv-	## 	
(1)	gains on investments \$ -233,354.	- TR		ices and use of facilities \$		
(2)	Donated serv-		(2) Prior year adjust- ments reported on		1. * * * * * * * * * * * * * * * * * * *
	ices and use of facilities \$			ine 20, Form 990 \$	[:	
(3)	Recoveries of prior		(3) Losses reported on line 20, Form 990 \$	9 .45	
45	year grants \$		(4) Other (specify):		
(4)	Other (specify):					
-	\$			\$.	theoreth (A)	
	MIC SHOOMS ON MICH CAN AND AND AND AND AND AND AND AND AND A	b -233,354.	ε	Add amounts on fines (1) Line a minus line b.	24.424. (1)	4,830,155.
C	Die s amin's mie o	c 4,435,931.	ď	Amounts included or		
d	Amounts included on line 12, Form 990 but not on line a:		0	Form 990 but not on	line a:	
(1)	Investment expenses		(I) investment expenses not included on line		
	not included on line 6b, Form 990 \$			6b, Form 990		
(2)	Other (specify):	A Company of the Comp	(2) Other (specify):		
				s		
	Add amounts on lines (1) and (2)	d]	Add amounts on line	es (1) and (2) 🟲 🔥	4
•	Total revenue per line 12, Form 990 (line c plus line d)	• 4,435,931.	ŧ	Total expenses per 990 (line c plus line	d)	4,830,155.
Raid	with the of Officers Discontage	Trustees, and Key E	mpl	oyees (List each on	e even if not compens	sated; see instructions.)
	(A) Name and address	(B) Title and average ho per week devoted to position	ours	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
	statement 9		-			
356	2444244			0.	0	. 0.
			-			
						<u> </u>
					·	
					4.44	
			Ì			***************************************
			一十			
75	Did any officer, director, trustee, or key than \$100,000 from your organization a	ene su raisten ninsnizati	nns i	OF SACRECAL FRANCE ASSETS		Yes X No
	\$10,000 was provided by the related of If 'Yes,' attach schedule — see instruct	rganizations/				
	H 165, SHOULD SHIPS WE SEE HISBORY					

Page 4

Form 990 (2001) JOCKEYS' GUILD, INC.		Yes No
Other Information (See specific instructions.)	1	
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.	76	X
attach a detailed description of each activity. Were any changes made in the organizing or governing documents but not reported to the IRS?	77	X
is IV : allege a conformed conv of the changes.	1	
The the arganization have unrelated business gross income of \$1,000 or more during the year covered by the	s return? 78a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78Ь	N/A
The three a liquidation dissolution, terminating, or substantial contraction during the		1 1
year? If Yes, attach a statement	79	XXXXXX
80a is the organization related (other than by association with a statewide or nationwide organization) through or membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?	ommon 80 a	X
# West appear the page of the proprization ► SEE STATEMENT 10		
and check whether it is A exempt or	nonexempt.	
81 a Enter direct or indirect political expenditures. See line 81 instructions	⁰. ┤ ˈ	
b Did the organization file Form 1120-POL for this year?	81 b	X Substantian Confession
the second of th	or at	1 2 2 2
82 a Did the organization receive donated services of the use of materials, equipment, or least the substantially less than fair rental value?	82a	X
bit 'Yes,' you may indicate the value of these items here. Do not include this amount as	N/A	
and the appropriation comply with the public inspection requirements for returns and exemption applications?	83a	X
to the appropriation comply with the disclosure requirements relating to quid pro quo contributions?	636	Х
84a Did the organization solicit any contributions or gifts that were not tax deductible?	.,	X
bif 'Yes,' did the organization include with every solicitation an express statement that such contributions or g	zifts were	
mod Annu clarify in 7		N/A
es 501(5)(4) (5) or (6) organizations, a Were substantially all dues nondeductible by members?		X
h Did the organization make only in-house lobbying expenditures of \$2,900 or less?	<u>(231)</u>	X
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization waiver for proxy tax owed for the prior year.	received a	
c Dues, assessments, and similar amounts from members.	N/A	
d Section 162(e) lobbying and political expenditures 85d	N/A	
Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices.	N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
g Does the organization elect to pay the Section 6033(e) lax on the amount on line 85f?	<u>85 g</u>	N/A
h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible hobbying and political expenditures for the following tax year?	85 h	N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on		
line 12	N/A	
b Gross receipts, included on line 12, for public use of club facilities	N/A	
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	A/N	
to a series of the courses. The not not amounts due or paid to other sources		
against amounts due or received from them.)	N/A	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or por an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301. If 'Yes,' complete Part IX.	partnership, 7701-3? 88	x
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:		
Section 4911 > N/A ; Section 4912 > N/A ; Section 4955 >	N/A	
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any Section 4958 excess benefit transduring the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a explaining each transaction	saction statement 89 b	N/A
the appropriate the appropriate propriate and described propriate the		
was under Sections 4912, 4955, And 4958		N/A
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
on a List the states with which a copy of this return is filed. NEW YORK		
b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90 6	12
Telephone number 500	スーてンスーフペナナ	E.T
Updated at 250 WEST MAIN STE 1820, LEXINGTON, KY Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 – Check here	4 - 40568-02	- TT
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1047 - Check here		N/A
and enter the amount of tax-exempt interest received or accrued during the tax year.	Form	990 (2001)

•	v	г

Form 990 (2001) JOCKEYS' GUILD, IN	ic.				
Part VIL Analysis of Income-Produc	cing Activities	(See instructions)	tion 512, 513, or 514	
Note: Enter gross amounts unless	Unrelated bu	usiness income (B)	(C)	(D)	(E) Related or exempt
otherwise indicated.	Business code	Amount	Exclusion code	Amount	function income
93 Program service revenue:					460,171
a CA HEALTH AND WELFARE					398,779
DELAWARE HEALTH & WEL	<u> </u>		-		1,866,296
c MEDIA RIGHTS REVENUE	\ -				
d					
Medicare/Medicald payments					
a Fees & contracts from government agencies					1,370,363
94 Membership dues and assessments.		······································	14	51,123.	
g5 Interest on savings & temporary cash invents			14	48,471.	
96 Dividends & interest from securities.			O GANNING DA		
97 Net rental income or (loss) from real estate: a debt-financed property			i, a		
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
Gain or (loss) from sales of assets other than inventory.			18	235,813.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					NETTER PROPERTY.
103 Other revenue: a			S. D. S. W. Chief		4.91
B MISCELLANEOUS INCOME					
£	-				
d					
104 Subtotal (add columns (B), (D), and (E))			第4000000000000000000000000000000000000	335,407.	4,100,524
of the organization's exempt purp					
Information Regarding Tax	rable Subsidia	ries and Disr	egarded Entitie	s (See instructions.)	
(A)	(3)		(C)	(D)	Œ)
Name, address, and EIN of corporation,	Percentage of	Natura	of activities	Total	End-of-year
Name, address, and EIN of corporation, partnership, or disregarded entity	ownership intere	st		income	assets
UILD PRODUCTS, INC.	100.000	MERCHAND!	SING	0.	
.O. BOX 250 LEXINGTON		8			
EXINGTON, KY 40588-0250		<u>& </u>			
		isted with Der	const Renefit (ontracts (See instr	uctions.)
artix Information Regarding Tra	insters Assoc	iated with Per	sonal benefit of	virari?	Yes X No
a Did the organization, during the year, receive any to b Did the organization, during the year, pa	auce and the second	actly or indirectly	on a personal ben	efit contract?	Yes X No
b Did the organization, during the year, pe	ay premiums, un	scay of monocost	dir a paraeria		
Town 0070 and 5	am 1720 (cas in	structions).			
Town 0070 and 5	orm 4720 (see in	structions). n. including accompany	ing schedules and statem	ents, and to the best of my is	nowledge and belief, It is
Note: If 'Yes' to (b), file Form 8870 and F Under penalties of perjury. (declare that I ha true, correct, and complete. Declaration of pr	orm 4720 (see in we examined this return eperer (other than other	structions). n. including accompany per) is based on all info	ing schedules and statem mation of which preparer	ents, and to the best of my ke has any knowledge.	nowledge and bailef, it is
Note: If 'Yes' to (b), file Form 8870 and F. Under penalties of perjury, I declare that I had true, correct, and complete. Declaration of prices.	orm 4720 (see in	structions). n. including accompany per) is based on ail info	ing schedules and stalem imation of which preparer		nowledge and belief, It is
Note: If 'Yes' to (b), file Form 8870 and F Under penalties of perjury, I declare that I had true, correct, and complete. Declaration of pr Signature of Office Signature of Office	orm 4720 (see in	structions). n. including accompany per) is based on all info	ing schedules and statem imation of which preparer	ents, and to the best of my ke has any knowledge.	nowledge and ballet, it is
Note: If 'Yes' to (b), file Form 8870 and F Under penalties of perjury, I declare that I had true, correct, and complete. Declaration of pr Signature of Office Signature of Office	orm 4720 (see in the case of t	structions). n, including accompany er) is based on ail into	ing schedules, and statem mation of which preparer		owledge and ballet, it is
Note: If 'Yes' to (b), file Form 8870 and F Under penalties of perjury, I declare that I had true, correct, and complete. Declaration of pr Signature of Office Signature of Office	orm 4720 (see in investammed this returnation of the page of the p	structions). n. including accompany per) is based on all inlo		Date	
Note: If 'Yes' to (b), file Form 8870 and F. Under penalties of perjury. I declare that I have been seen to be supplied. Declaration of property. Signature of Office. Type or Print Name and title.	orm 4720 (see in investment of the report of	structions). n. including accompany per) is based on all inlor	Date	Date Check if Generated G	nowledge and ballet, it is ser's SSN or PTIN (see all instruction W)
Note: If 'Yes' to (b), file Form 8870 and F Under penalties of perjury. I declare that I ha true, correct, and complete. Declaration of pr Signature of Office Type or Print Name and Title Preparer's Signature Preparer's Signature	Page 1 this return of this return of the office of the off	n, including accompany per) is based on all info	Date	Date Check if Prepa	
Note: If 'Yes' to (b), file Form 8870 and F Under penalties of perjury. I declare that I ha true, correct, and complete. Declaration of pr Signature of Office Type or Print Name and Title Preparer's Signature Firm's name (or PIAZZA, D. pours).	ONNELLY 6 1	n. including accompany per) is based on all info	Date	Date Check if Generated G	
Note: If 'Yes' to (b), file Form 8870 and F Under penalties of perjury. I declare that I ha true, correct, and complete. Declaration of pr Signature of Office Type or Print Name and little Paid Preparer's Signature Preparer's Firm's name (or PIAZZA, D	Page 1 this return of this return of the office of the off	n. including accompany per) is based on all info	Date	Check if Gener	

Form 4562

(Rev March 2002)

Depreciation and Amortization (Including Information on Listed Property) OME No. 1545-0172 2001

See separate instructions.

Attach to your tax return. Department of the Treasury Internal Revenue Service 67 Identifying Number Name(s) Shows on Return JOCKEYS' GUILD, INC. Business or Activity to Which This Form Relates FORM 990/990-PF Part Live Election to Expense Certain Tangible Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I. \$24,000 Maximum amount. See instructions for a higher limit for certain businesses 2 2 Total cost of Section 179 property placed in service (see instructions) 3 \$200,000. 3 Threshold cost of Section 179 property before reduction in limitation. 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0, 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions. (C) Elected cost (b) Cost (business use only) (a) Description of property 7 Listed property. Enter the amount from line 29...... 8 Total elected cost of Section 179 property. Add amounts in column (c), tines 6 and 7....... 9 Tentative deduction. Enter the smaller of line 5 or line 8..... 10 Carryover of disallowed deduction from line 13 of your 2000 Form 4562... 10 71 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)... 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11... 13 Carryover of disallowed deduction to 2002. Add lines 9 and 10, less line 12. Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) Special depreciation allowance for certain property (other than listed property) acquired after September 10, 2001 (see instructions). 15 15 Property subject to Section 168(f)(1) election (see instructions)........ 16 Other depreciation (including ACRS) (see instructions)..... 16 MACRS Depreciation (Do not include listed property.) (See instructions) Section A 10,124 If you are electing under Section 168(I)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here . Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System (b) Month and (C) Basis for depreciation (business/investment) use (g) Depreciation year placed in service only -- see instructions) 19 a 3-year property. b 5-year property c 7-year property. d 10-year property. e 15-year property. 1 20-year property. S/L 25 yrs g 25-year property. 27.5 yrs S/L MM h Residential rental property..... 27.5 yrs S/L MM 39 yrs | Nonresidential real MM S/L S/L M Section C — Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System 12 yrs S/L b 12-year S/L ¢ 40-year..... 40 yrs Part V Summary (See instructions) 21 Listed property. Enter amount from line 28. Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions..... 10,124

For assets shown above and placed in service during the current year, enter

23

2001

FEDERAL STATEMENTS

PAGE 1

JOCKEYS' GUILD, INC.

STATEMENT 1 FORM 990, PART I, LINE 8 NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: COST OR OTHER BASIS: 710,220.

474,407.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 235,813.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES 3 235,813.

STATEMENT 2 FORM 990, PART I, LINE 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED LOSS ON INVESTMENTS.
UNRECONCILED DIFFERENCE IN FUND BALANCE

-233,354. 365,453.

365,453. TOTAL \$ 132,099.

STATEMENT 3 FORM 990, PART II, LINE 43 OTHER EXPENSES

	(A)	(B) (C) PROGRAM MANAGEME SERVICES & GENER	(D) NT AL FUNDRAISING
ASSIST REG & PROMOTION RACING	263,905.	263,905.	
BAD DEBT EXPENSE	50,000.	50,00	0.
BANK SERVICE CHARGES	307.	30	7.
BOOKKEEPER	11,625.	11,62	5.
CHARITABLE CONTRIBUTIONS	50.	. 5	0.
COMPUTER SERVICES	31,594.	31,59	4.
CONSULTING SERVICES	250,893.	250,89	3.
CUSTODIAN FEES	26,274.	26,27	4.
DIRECTOR & EXECUTIVE EXPENSES	6,522.	6,52	2.
DUES & SUBSCRIPTIONS	4,157.	4,15	7.
INSURANCE	21,298.	21,29	8.
LICENSE & PERMITS	300.	30	0.
NONMEMBER RETURNS	200.	20	Ο.
RENT & PARKING	72,278.	72,27	8,
SUPPORTING SERVICES	1,021.	1,02	1.
TAXES	169.	16	
UTILITIES	168.	1.5	
	TOTAL \$ 740,761.	\$ 263,905. <u>\$ 476,85</u>	6. <u>\$</u> 0.

PAGE 2 FEDERAL STATEMENTS 2001 JOCKEYS' GUILD, INC. STATEMENT 4 FORM 990, PART III, LINE A STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS PROCRAM SERVICE GRANTS AND ALLOCATIONS **EXPENSES** DESCRIPTION JOCKEYS' GUILD IS A LABOR ORGANIZATION REPRESENTING APPROXIMATELY 800 MEMBERS. THE GUILD NEGOTIATES PERIODIC MASTER AGREEMENTS WITH THE THOROUGHBRED RACING ASSOCIATION. THE AGREEMENTS PROVIDE FOR MONETARY CONTRIBUTIONS TO THE GUILD TO PROVIDE FOR HEALTH, ACCIDENT AND OTHER MUTUAL BENEFITS TO THE JOCKEYS THROUGHOUT THE COUNTRY. ALSO, THE GUILD BARGAINS FOR AND OBTAINS DUE PROCESS PROCEDURES FOR 3,411,682. JOCKEYS IN DISCIPLINARY PROCEEDINGS. 0. \$3,411,682. STATEMENT 5 FORM 990, PART IV, LINE 54 INVESTMENTS - SECURITIES VALUATION AMOUNT METHOD CORPORATE STOCKS \$ 1,412,720. COST CORPORATE STOCKS TOTAL \$ 1,412,720. VALUATION AMOUNT METHOD OTHER SECURITIES COST 256,373. INVESTMENT SECURITIES TOTAL \$ 256,373. TOTAL INVESTMENTS - SECURITIES \$ 1,669,093. STATEMENT 6 FORM 990, PART IV, LINE 56 INVESTMENTS - OTHER BOOK VALUATION METHOD VALUE DESCRIPTION OF INVESTMENT 34,399. COST DEPOSIT- INSURANCE TRUST 1,000. 35,399. COST OTHER TOTAL \$

. ____ _

_	^	a	
1	u	u	

FEDERAL STATEMENTS

PAGE 3

JOCKEYS' GUILD, INC.

STATEMENT 7 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY		BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES MACHINERY AND EQUIPMENT		\$ 80,008. 59,497.	\$ 77,652. 51,521.	\$ 2,356. 7,976. 3 10.332.
MACHINERI AND EXOTIFEDATE	TOTAL	\$ <u>139,505.</u>	\$ 129,173.	3 10,332.

STATEMENT 8 FORM 990, PART IV, LINE 65 OTHER LIABILITIES

	Ş	454,933.
MEMBER REFUND PAYABLE TOTAL		1.
ROUNDING	<u>ş</u>	454,934.

STATEMENT 9
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED		CONTRI- BUTION TO EBP & DC	ACCOUNT/
DR. L WAYNE GERTMENIAN P.O. BOX 250 LEXINGTON, KY 40588-0250	PRESIDENT & CEO NONE		\$ 0.	\$ 0.
ALBERT FISS P.O. BOX 250 LEXINGTON, KY 40588-0250	VICE PRESIDENT NONE	0.	0.	
TOMEY SWAN P.O. BOX 250 LEXINGTON, KY 40588-0250	CHAIRMAN 1	٥.	٥.	0.
MIKE MCCARTHY P.O. BOX 250 LEXINGTON, KY 40588-0250	VICE CHAIRMAN 1	0.	Q .	0.
ROBERT COLTON P.O. BOX 250 LEXINGTON, KY 40588-0250	SECRETARY 1	0.	0.	0.
CHRIS MCCARRON P.O. BOX 250 LEXINGTON, KY 40588-0250	TREASURER 1	0.	0.	0.

....

FEDERAL STATEMENTS

PAGE 4

JOCKEYS' GUILD, INC.

STATEMENT 9 (CONTINUED) FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	
ROBBIE DAVIS P.O. BOX 250 LEXINGTON, KY 40588-0250	DIRECTOR 1	\$ 0.	\$ 0.	\$ 0.
KENT DESORMEAUX P.O. BOX 250	DIRECTOR 1	0.	0.	0.
LEXINGTON, KY 40588-0250				
LARRY REYNOLDS P.O. BOX 250 LEXINGTON, KY 40588-0250	DIRECTOR 1	0.	0.	٥.
RAY SIBILLE P.O. BOX 250 LEXINGTON, KY 40588-0250	DIRECTOR 1	0.	0.	0.
NICKY WILSON P.O. BOX 250 LEXINGTON, KY 40588-0250	DIRECTOR 1	0.	٥,	0.
	TOTAL	\$ 0.	\$ <u>0</u> .	<u>\$</u> 0.

STATEMENT 10 FORM 990, PART VI, LINE 80B RELATED ORGANIZATIONS

NAME OF ORGANIZATION	EXEMPT NONEXEMPT
DISABLED JOCKEY'S ENDOWMENT INC.	x
DISABLED JOCKEYS FUND	x
JOCKEYS' GUILD HEALTH AND WELFARE FUND	x

STATEMENT 11 FORM 990, PART VIII RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE !	EXPLANATION OF ACTIVITIES
AE 2	FUNDS USED TO ASSIST JOCKEYS' GUILD IN REPRESENTING APPROXIMATELY 800 JOCKEYS AS A LABOR ORGANIZATION.
94	DUES AND ASSESSMENTS FROM THE GUILD MEMEBERS TO PROVIDE HEALTH, LIFE, AND DISABILITY BEBFITS TO MEMBERS. IN ADDITION, EMERGENCY ASSISTANCE FINANCIAL AID IS PROVIDED TO THOSE MEMEBRS IN GREATEST NEED.
103B	MISCELLANEOUS INCOME USED TO CARRYOUT EXEMPT FUNCTIONS FOR THE ORGANIZATION.

	PAGE 1		CURRENT			4,874	4,874		5,250	5,250	10,124	10,124	
	PA					7 .12490			02511.			ı	
			1			1			M)				
			METHOD INFE RAIE.			2000B HY			2000B HY				
			PRIOR DEPR			72,778	877,57		46,271	1/2'91	119,049	119,049	
*	a T		OCPR. BASIS			80,008	800'08		59,497	29,497	13% 50%	139,505	•
							0			0			
	SCI		SALVAG /BASIS REDIKCI				0		<u> </u>	•		0	
	NO!		PRIOR OEC. BAL DEPR										
	FEDERAL BOOK DEPRECIATION SCHEDULE	IILD, INC.	PRIOR 179/ SOMUS/ SP DEPR	•			0			۵	0	0	
	K DEPI	JOCKEYS' GUILD, INC.	SPECIAL DEPR. ALICIW				0			0		9	
	00	oc	RD 25				•			0		0	
1	AL B		88			90 1	92		Es 1	16	 1 81	81	
	EDER/		COST/ RASIS			800'08	800'038		59,497	59,497	139,505	139,505	
	2001 F	l	DATE SID										
	8		DATE ACIDITED			86/10/9			86/10/9				
			DESCRIPTION		D FIXTURES	URE	TOTAL FURNITURE AND FIXTURE	MACHINERY AND EQUIPMENT	COMPUTER HARD/SOFTWARE	TOTAL MACHINERY AND EQUIPME	CIATION	GRAND TOTAL DEPRECIATION	
*	<u>₽</u> ,			FORM 990/990.PF	FURNITURE AND FIXTURES	2 OFFICE FURNITURE	TOTAL FURINIT	MACHINERY A	1 COMPUTER HA	TOTAL MACHII	TOTAL DEPRECIATION	GRAND TOTAL	
	12/31/61			5		~							

TAB 16

Return of Organization Exempt from Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 2002

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements. , 2002, and ending For the 2002 calendar year, or tax year beginning D Employer Identification Number Check if applicable: Please use IRS label or print or type. See JOCKEYS' GUILD, INC. Address change P.O. BOX 150 E Telephone number Name change MONROVIA, CA 91017 specific instruc-866-465-6257 Initial return Cash X Accrual Final return Other (specify) Amended return Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A H and I are not applicable to section 527 organizations Application pending H (a) Is this a group return for affiliates? . . . (Form 990 or 990-EZ). H (b) If 'Yes,' enter number of affiliates G Web site: ► N/A H (c) Are all affiliates included?..... (If 'No.' attach a list. See instructions.) Organization type ➤ X 501(c) 5 ◀ (insert no.) (check only one) H (d) Is this a separate return filed by an Check here ► [] if the organization's gross receipts are normally not more than organization covered by a group ruling? \$25,000. The organization need not file a return with the IRS; but if the organization Enter 4-digit GEN..... received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return. Check | X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b. 8b. 9b, and 10b to line 12... ▶ 6, 407, 612. Part Lea Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions) 1 Contributions, gifts, grants, and similar amounts received: a Direct public support b Indirect public support..... 1Ы c Government contributions (grants)..... 1 c d Total (add lines sathrough 1c) (cash \$ _ noncash \$ 1. 2 Program service revenue including government fees and contracts (from Part VII, line 93)...... 3,525,589. 3 Membership dues and assessments..... 3 2,599,363. Interest on savings and temporary cash investments 4 44.197. Dividends and interest from securities..... 5 42,463 6a Gross rents..... 6a c Net rental income or (loss) (subtract line 6b from line 6a)..... 6c 7 7 Other investment income (describe...... (A) Securities (B) Other 8a Gross amount from sales of assets other 196,000. 8a than inventory..... b Less: cost or other basis and sales expenses 189,326. 8b ¬ Gain or (loss) (attach schedule) STATEMENT . 1 6,674. 6,674. 8d d Net gain or (loss) (combine line 8c, columns (A) and (B))..... 9 Special events and activities (attach schedule) a Gross revenue (not including \$ ____ reported on line 1a)..... 9 c c Net income or (loss) from special events (subtract line 9b from line 9a)..... 10 c c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)...... 11 Other revenue (from Part VII, line 103) 11 6,218,286 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)..... 3,320,509. 13 Program services (from line 44, column (B))..... 1,169,161. 14—Management and general (from line 44, column (C)). 14 15 Fundraising (from line 44, column (D))..... 36 Payments to artificates (attach schedule). 4,489,670. 17 _TataLexpenses (add.lines 16 and 44, column (A)). 17 1,728,616. 18 Excess or (deficit) for the year (subtract line 17 from line 12) 3,457,866 19. Net assets or fund balances at beginning of year (from line 73, column (A))..... 19 (-207, 220)4,979,262. 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$	22				
23	Specific assistance to individuals (att sch)	23				
24	Benefits paid to or for members (att sch)	24	2,886,320.	2,886,320.	<u> </u>	1959
25	Compensation of officers, directors, etc	25	75,000.		202 222	
26	Other salaries and wages	26	302,333.		302,333.	
27	Pension plan contributions	27	54,938.		54,938.	
28	Other employee benefits	28	00 010		00 (10	
29	Payroll taxes	29	22,649.		22,649.	
30	Professional fundraising fees	30			07 020	
31	Accounting fees	31	97,230.		97,230.	
32	Legal fees	32	133,192.		133,192.	
33	Supplies	33	55,335.		55,335.	
34	Telephone	34	38,262.		38,262.	
35	Postage and shipping	35	17,434.		17,434.	
36	Occupancy	36				
37	Equipment rental and maintenance	37	1,832.		1,832.	
38	Printing and publications	38				
39	Travel	39	95,339.		95,339.	
40	Conferences, conventions, and meetings	40	8,925.		8,925.	
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	9,211.		9,211.	
43	Other expenses not covered above (itemize):					
ē	SEE STATEMENT 3	43a	766,670.	434,189.	332,481.	
ŀ)	43b				'
•	· '	43c				
· (43 d				
		43e				
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.	44	4,564,670.	3,320,509.	1,169,161.	0.
Join	t Costs. Check. Fig. if you are following	SOP	3 8-2.			
Are a	any joint costs from a combined education	al can	paign and fundraising s	olicitation reported in (E	3) Program services?	. ► Yes X No
If 'Ye	es,' enter (i) the aggregate amount of thes	e joint		; (ii) the a		
\$_		locate	d to management and ge	eneral \$; and (iv) th	ne amount allocated
	ndraising \$					
	t III Statement of Program Serv					Danasa Cassisa Cusasas
Wha	t is the organization's primary exempt pur	pose?	 LABOR_ORGAN 	IZATION	Ctate the sumber of	Program Service Expenses (Required for 501(c)(3) and
clien izati	rganizations must describe their exempt p its served, publications issued, etc. Discus ons and 4947(a)(1) nonexempt charitable	iurpose ss achi trusts	evernents in a clear evernents that are not m must also enter the amo	r and concise marrier, leasurable. (Section 50) lunt of grants & allocation	1(c)(3) & (4) organ- ons to others.)	(4) organizations and 4947(a)(1) trusts: but optional for others.)
-	SEE STATEMENT 4					And the second s
			(Grants and	allocations \$)	3,320,509.
ı)					
						1
						
			(Grants and	allocations \$	<u> </u>	
•	· *					
			(Grants and	allocations \$		
•						
,						
				allocations \$		<u> </u>
	Other program services			allocations \$		3,320,509.
	Total of Program Service Expenses (sh	ould e	quai line 44, column (B)	, program services)		1 3,320,309.

Part IV Balance Sheets (See Instructions)

Note:	Whi	ere required, attached schedules and amounts within the description umn should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year	
		Cash - non-interest-bearing			45	
		Savings and temporary cash investments		2,123,038.	46	4,161,996.
		The state of the s			(1) (1)	
	47 a	Accounts receivable	520,780.			
	b	Lacs: allowance for doubtful accounts		<u>367,656.</u>	47 c	520,780.
		Zess anoward for doubter				
	48 a	Pledges receivable				
	b	Less: allowance for doubtful accounts 48 b			48c	
	49	Grants receivable	,		49	
	50	Receivables from officers, directors, trustees, and key				
A S S E T S		employees (attach schedule)	· · · · · · · · · · · · · · · · · · ·		50	
Ş E	51 a	Other notes & loans receivable (attach sch)		•		
\$	b	Less: allowance for doubtful accounts			51 c	
	52	Inventories for sale or use		A	52	10 0/2
	53	Prepaid expenses and deferred charges		16,614.		18,947.
		investments - securities (attach schedule) SEE . ST5.	ost X FMV	1,669,093.		1,313,208.
	55 a	Investments – land, buildings, & equipment: basis 55a			100	v.
	b	Less: accumulated depreciation				
		(attach schedule)		25 300	55 c	26,399
1	56	Investments – other (attach schedule)	130 505	35,399.		20,000
	57 a	Land, buildings, and equipment: basis 57a	139,505.			
	b	Less: accumulated depreciation	120 202	10 222	: :	1,122
		(order solves)	138,383.	10,332.	58	
		Other assets (describe	,··	4,222,132.		6,042,452
_	59	Total assets (add lines 45 through 58) (must equal line 74)		309,332.		217,933
		Accounts payable and accrued expenses		307,032.	61	
L	61	Grants payable			62	
B	62	Deferred revenue Loans from officers, directors, trustees, and key employees (attach schedule)			63	
L	63	Tax-exempt bond liabilities (attach schedule)			64a	
+	64 a	a Mortgages and other notes payable (attach schedule)	,		64b	
É		Other liabilities (describe - SEE STATEMENT 7		454,934.	65	845,257
3		Total liabilities (add lines 60 through 65).		764,266.		1,063,190
٠,		izations that follow SFAS 117, check here X and complete line			2.5	
Ņ	Jigan	through 69 and lines 73 and 74.				
- 1	67	Unrestricted	.,,.,.	2,884,266	. 67	4,300,999
Ş		Temporarily restricted	F .	573,600	. 68	678,263
S S	69	Permanently restricted	,		69	
)rnan	sizations that do not follow SFAS 117, check here and com	olete lines		141	
Ř	- · gu!!	70 through 74.				
OZCH	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
B		Retained earnings, endowment, accumulated income, or other fund			72	
BALAZUMA		Total net assets or fund balances (add lines 67 through 69 or lines			12.5	
Ç	/3	72; column (A) must equal line 19; column (B) must equal line 21;		3,457,866		4,979,262
S	74	Total liabilities and net assets/fund balances (add lines 66 and 73		4,222,132	. 74	6,042,452

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	.		N/A
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization	<u></u>		N/A
100	a List the states with which a copy of this return is filed > NEW YORK ?		,	
	b Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)		90 b	7
	The books are in care of F STEPHEN J. RICE Telephone number >			
	located at P.O. BOX 150, MONROVIA CA	ZIP + 4 - 91		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here		N/A.	, ►∐
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 92		N/A
₹Δ.			Form 9 9	30 (2002)

explaining each transaction.....

N

89 b

ŧ

Note: Enter gross amounts unless there was noticed the same there was unicated. 93 Program service revenue: a CA HEALTH AND WELFARE b DELAWARE HEALTH & WELL SIGNORY CONTROL OF SERVICE SCOTT CONT	Hatas Catar arous amounts inform	Unrelated	business income	Fycluded by sec	tion 512, 513, or 514	(F)
a CA REALTH AND WELFARE DELAMARE HEALTH A WEL JOCKEYS CUILD INC MEDIA ROHTS REVENUE Methods Recompany to the second s		(A)	(B)	(C)	(D)	Related or exempt
DELAWARE HEALTH 6 WELL JOCKEYS (CITID INC d MEDIA RIGHTS REVENUE Medicare/Neticical payments. See say a contract here permited specia. See fees & contract here permited specia. Member sho dues and assessments. Dividends & interest on single & terrupory satisfactions. Dividends & interest on single & terrupory satisfactions. Note that interest of property. Ment creat increase of (see) from securities. Ment creation increase of securities. Ment creation increase of securities. Ment creation increase of securities. Ment creation increase of securities. Ment creation increase of securities. Ment creation increase of securities. Ment creation increase of securities. Ment creation increase of securities. Ment creation increase of securities. Ment creation increase of securities. Ment creation increase of securities. Ment creation increase of securities. Ment creation increase of securities. Ment creation						
COCKEYS CUITLD INC MEDIA RIGHTS REVENUE MedicaceNedicaid payments. If feet contracts from perment agencia. Membershot places and assistants. Interest on snows, a therepay cash inormits. Dividendis of interest from sourcilles. Not interest on snows, a therepay cash inormits. Dividendis of interest from sourcilles. Note interest on snows, a therepay cash inormits. Interest on snows, a therepay cash inormits. Interest on snows, a therepay cash inormits. Interest on snows, a therefore, and interest from sourcilles. Note: Interest on snows, a therefore, and interest from sourcilles. Note: Interest from snows of (say) from pers pop. Other investment income. OGain or Googs from pers pop. OGain or Googs from sales of inventory. Interest on snows of cosh from sales of inventory.						
Medicare/Medicald payments agods. Medicare/Medicald payments agods. Medicare/Medicald payments agods. Medicare/Medicald payments agods. Methorship dives and assessments. Methorship dives						
I Medicare/Medicaid payments. If Medicare/Medicaid payments.						
f Medicare/Medicard payments. general payments. general payments. general payments from opening payments. general general gene	d MEDIA RIGHTS REVENUE					2,190,757
g See & contracts from government species. 94 Membershorp dues and assessments. 95 Interest on swings & temporary catch mornols. 95 Interest on swings & temporary catch mornols. 96 Dividents & interest from social social seeds of the swings of temporary catch mornols. 97 Not restal income or (cos) from real state adebt information or (cos) from pres group. 99 Other investment income. 99 Other myestment income. 99 Other expective in the swings of assests of assests of the swings of the swings of assests. 102 Gross portion of (cos) from passes of worstory. 103 Other revenue: a 104 Subtotal (add columns (6), (0), and (5)). 105 Total (add into 104, columns (6), (0), and (5)). 106 Total (add into 104, columns (6), (0), and (5)). 107 Total (add into 104, columns (6), (0), and (5)). 108 Total (add into 104, columns (6), (0), and (5)). 109 Total (add into 104, columns (6), (0), and (5)). 109 Total (add into 104, columns (6), (0), and (5)). 100 Total (add into 104, columns (6), (0), and (5)). 101 Total (and into 105, pitch line) Into Into Into Into Into Into Into Into						
94 Membership dues and assessments. 2,599,363 95 Interect on swings & temporary call memotics 14 44,197. 96 Dividends & interest from securines 14 42,463. 97 Net retail income or (ten) from real table 2,000 98 Other innestment income 14 42,463. 99 Other innestment income 14 42,463. 99 Other innestment income 15,000 99 Other innestment income 15,000 99 Other innestment income 15,000 90 Other innestment income 15,000 91 Other innestment income 15,000 93 Other innestment income 15,000 94 Subtool (add cournes (8), (0), and (E)). 95 Total (add line 104, columns (8), (0), and (E)). 97 Total (add line 104, columns (8), (0), and (E)). 98 Total (add line 104, columns (8), (0), and (E)). 99 Total (add line 104, columns (8), (0), and (E)). 90 Total (add line 104, columns (8), (0), and (E)). 90 Total (add line 104, columns (8), (0), and (E)). 91 Total (add line 104, columns (8), (0), and (E)). 92 Total (add line 104, columns (8), (0), and (E)). 93 Total (add line 104, columns (8), (0), and (E)). 94 Subtool (add courns (8), (0), and (E)). 95 Total (add line 104, columns (8), (0), and (E)). 95 Total (add line 104, columns (8), (0), and (E)). 96 Total (add line 104, columns (8), (0), and (E)). 97 Total (add line 104, columns (8), (0), and (E)). 98 Total (add line 104, columns (8), (0), and (E)). 99 Total (add line 104, columns (8), (0), and (E)). 90 Total (add line 104, columns (8), (0), and (E)). 90 Total (add line 104, columns (8), (0), and (E)). 90 Total (add line 104, columns (8), (0), and (E)). 90 Total (add line 104, columns (8), (0), and (E)). 90 Total (add line 104, columns (8), (0), and (E)). 90 Total (add line 104, columns (8), (0), and (E)). 90 Total (add line 104, columns (8), (0), and (E)). 90 Total (add line 104, columns (8), (0), and (E)). 90 Total (add line 104, columns (8), (0), and (E)). 90 Total (add line 104, columns (8), (0), and (E)). 90 Total (add line 104, columns (8), (0), and (E)). 90 Total	` · ·					
Interest on swrings & temporary tash immosts 50 Dividends & therest from securities 51 d 42, 453. 52 Powdends & therest from securities 53 Dividends & therest from securities 54 A 2, 453. 55 Dividends & therest from securities 56 Dividends & therest from securities 57 Net retail income or (loss) from lest state. 58 a debt-financed property. 59 Extending one of the state						2 599 363
56 Dividends & interest from securities 77 Net retrail income or (cas) from real estate. 8 A debt-financed property. 9 Diother investment income. 10 Gain or (obs) from sales of assets of assets of the from sales of membry. 101 Net income or (cas) from sales of assets of the from sales of assets of the from sales of membry. 102 Gross profit or float from sales of membry. 103 Other revenue: a b c d s Subtable (add columns (3), (0), and (1)). D Total (add inter 104, columns (8), (0), and (5)). Total (add inter 104, columns (8), (0), and (5)). S Total (add inter 104, columns (8), (0), and (5)). S SEE STATEMENT 11 S Part (IX) Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) SEE STATEMENT 11 SEE STATEMENT 11 S Part XM: Information Regarding Transfers Associated with Personal Benefit Contracts. (A) (B) (C) (C) (D) (E) Nature of activities Total Income BOX 150 (A) None, address, and Elfi of corporation. partnershor or disreparded entity Western plants or disreparded entity SITLD PRODUCTS, INC. 100,000 8 MERCHANDISING 289, 15,048 Part XM: Information Regarding Transfers Associated with Personal Benefit Contracts. D D D D D Total (add or personal benefit contract). S None: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions). Part XM: Information Regarding Transfers Associated with Personal Benefit Contracts. Part XM: Information Regarding Transfers Associated with Personal Benefit Contracts. D D D D D D D D D D D D D					44 197	2,377,303
97 Net rental income or (ross) from real estale: a debt-financed property. bnd debt-financed property. 98 Net rental income or (ross) from per prop. 99 Other investment income or (ross) from seles of assests other than inventiony. 100 Gan or (loss) from seles of assests other than inventiony. 101 Net income or (ross) from seles of assests other than inventiony. 102 Gazes print less from seles of membry. 103 Other revenue: a b c d 104 Subtibal (add columns (8), (0), and (E)). 105 Total (add line 104, columns (8), (0), and (E)). 106 Total (add line 104, columns (8), (0), and (E)). 107 Total (add line 104, columns (8), (0), and (E)). 108 Total (add line 104, columns (8), (0), and (E)). 109 Total (add line 104, columns (8), (0), and (E)). 100 Total (add line 104, columns (8), (0), and (E)). 101 Total (add line 104, columns (8), (0), and (E)). 102 Line No. 103 Explain how each activity for which income is reported in column (E) of Part VIII contributed importantly to the accomplishment of the organization of somethy purposes (other than by providing funds for such purposes). SEE STATEMENT 11 Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) (A) Name, address, and Elin of corporation, partnership, or disregarded entity of the accomplishment interest income interest income income interest income interest income income interest income income interest income interest income income interest income interest income incom		-				
a debt-financed property. 98 Net rettal income or (loss) from pers prop. 99 Other investment income 10 Gain or (loss) from pers prop. 101 Net income or (loss) from pers prop. 102 Goos profit or foss) from pers prop. 103 Other revenue: a 104 Subbal (add cosumes (8), (0), and (E)). 105 Total (add fine 104, columns (8), (0), and (E)). 106 Total (add fine 104, columns (8), (0), and (E)). 107 Total (add fine 104, columns (8), (0), and (E)). 108 Explain how each activity for which income is reported in column (E) of Part VIII contributed importantly to the accomplishment of the organization's exempl purposes (other than by providing funds for such purposes). 109 SEE STATEMENT 11 100 Formation Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) 101 September (a) 102 Complete (a) 103 Cheer revenue: a 104 Subbal (add cosumes (B), (0), and (E)). 105 Total (add fine 104, columns (B), (0), and (E)). 106 Total (add fine 104, columns (B), (0), and (E)). 107 Total (add cosumes (B), (0), and (E)). 108 Explain how each activity for which income is reported in column (E) of Part VIII contributed importantly to the accomplishment of the organization's exempl purposes (other than by providing funds for such purposes). 101 Line No. 102 Explain how each activity for which income is reported in column (E) of Part VIII contributed importantly to the accomplishment of the organization's exemple purposes (other than by providing funds for such purposes). 103 Cheer (B) 104 CP (C) (D) (E) 105 CP (D) (E) 106 CP (D) (E) 107 CP (C) (D) (E) 108 CP (D) (E) 109 CP (C) (D) (E) 100 CP (C) (D) (E) 100 CP (C) (D) (E) 101 CP (C) (D) (E) 102 CP (C) (D) (E) 103 CP (C) (D) (E) 104 CP (C) (D) (E) 105 CP (C) (D) (E) 106 CP (C) (D) (E) 107 CP (C) (D) (E) 108 CP (C) (D) (E) 109 CP (C) (D) (E) 109 CP (C) (D) (E) 100 CP (C) (D) (E) 100 CP (C) (D) (E) 100 CP (C) (D) (E) 100 CP (C) (D) (E) 100 CP (C) (D) (E) 100 CP (C) (D) (E) 100 CP (C) (D) (E) 100 CP (C) (D) (E) 100 CP (C) (D) (E) 10		Section 100	and and the same			
b not debt-financed property. 98 Net rental income or (less) from sales of assets 100 Gart or (loss) from sales of assets 118 6,674. 100 Gart or (loss) from sales of assets 118 6,674. 101 Net income or (less) from special everts. 102 Gross peritic froso from special everts. 103 Other revenue: a b c d 4 Subtotal (add columns (8), (I)), and (E)). 5 104 Subtotal (add columns (8), (I)), and (E)). 105 Total (add line 104, columns (8), (I)), and (E)). 106: Line 105 plus line 1d. Part I, should equal the amount on line 12. Part I. 107 Intel (add line 104, columns (8), (I)), and (E)). 108 Explain how each activity for which income is reported in column (E) of Part VIII contributed importantly to the accomplishment of the organizations is exempt purposes (other than by providing funds for such purposes). 108 SEE STATEMENT 11 109 Part IX: 100 Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) 101 (A) 102 (B) 103 (C) 104 (C) 105 (C) 106 (C) 107 (C) 108 (C) 109 (C) 109 (C) 109 (C) 109 (C) 109 (C) 109 (C) 109 (C) 100 (C) 100 (C) 100 (C) 100 (C) 100 (C) 100 (C) 100 (C) 101 (C) 102 (C) 103 (C) 104 (C) 105 (C) 106 (C) 107 (C) 107 (C) 108 (C) 109 (C) 109 (C) 109 (C) 109 (C) 109 (C) 100	. ,	N 中央 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		AN SHAPESTAND CONTRACTOR	The state of the s	
98 Not retail income or (loss) from pers prip 90 Other investing income or (loss) from sales of assets other than inventiony 101 Net income or (loss) from sales of assets other than inventiony 102 Gross print or floss) from sales of assets other than inventiony 103 Other revenue: a 104 Subbotal (add columns (B), (D), and (E)) 105 Total (add line 104, columns (B), (D), and (E)) 106 Line 105 plus line 1d, Part I. should equal the amount on line 12, Part I. 207 Total (add line 104, columns (B), (D), and (E)) 108 Total (add line 104, columns (B), (D), and (E)) 109 plus line 1d, Part I. should equal the amount on line 12, Part I. 208 Line No 209 plus line 1d, Part I. should equal the amount on line 12, Part II. 201 Line No 200 plus line 1d, Part I. should equal the amount on line 12, Part II. 201 Line No 201 plus line 1d, Part I. should equal the amount on line 12, Part II. 201 Line No 202 plus line 1d, Part I. should equal the amount on line 12, Part II. 203 plus line 1d, Part I. should equal the amount on line 12, Part III. 204 Line No 205 plus line 1d, Part I. should equal the amount on line 12, Part II. 206 plus line 1d, Part I. should equal the amount on line 12, Part III. 207 Line No 208 plus line 1d, Part I. should equal the amount on line 12, Part III. 208 plus line 1d, Part I. should equal the amount on line 12, Part III. 209 plus line 1d, Part I. should equal the amount on line 12, Part III. 200 plus line 1d, Part I. should equal the amount on line 12, Part III. 201 Line No 201 Line No 202 plus line 1d, Part I. should equal the amount on line 12, Part III. 203 plus line 1d, Part III. 204 plus line 1d, Part III. 205 plus line 1d, Part III. 206 plus line 1d, Part III. 206 plus line 1d, Part III. 207 personal Benefit Contracts. (See instructions.) 208 plus line 1d, Part III. 208 plus line 1d, Part III. 209 premium on a personal benefit Contract? 209 plus line 1d, Part III. 209 plus line 1d, Part III. 201 plus line 1d						
99 Other investment income 100 Gain or (loss) from sales of assels 101 Ret income of (sss) from sales of assels 102 Gross provide or (sss) from sales of viveritory. 103 Other revenue: a 104 Substal (add columns (8), (0), and (E)). 105 Total (add line 104, columns (8), (0), and (E)). 106 Substal (add columns (8), (0), and (E)). 107 Total (add line 104, columns (8), (0), and (E)). 108 Substal (add columns (8), (0), and (E)). 109 Substal (add columns (8), (0), and (E)). 109 Substal (add columns (8), (0), and (E)). 100 Substal (add columns (8), (0), and (E)). 101 Substal (add columns (8), (0), and (E)). 102 Substal (add columns (8), (0), and (E)). 103 Other revenue: a 104 Substal (add columns (8), (0), and (E)). 105 Total (add line 104, columns (8), (0), and (E)). 106 Substal (add columns (8), (0), and (E)). 107 Substal (add columns (8), (0), and (E)). 108 Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of Exempt Purposes (See instructions.) 108 SEE STATEMENT 11 109 See STATEMENT 11 100 Substal (add columns (8), (0), and (E)). 100 Substal (add columns (8), (0), and (E)). 101 Substal (add columns (8), (0), and (E)). 102 See STATEMENT 11 103 Substal (add columns (8), (0), and (E)). 104 Substal (add columns (8), (0), and (E)). 105 Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the accomplishment						
100 Garn or (loss) from sales of assets of sevents. 101 Net recome or (loss) from sales of inventory. 102 Cross profit or (loss) from sales of inventory. 103 Other revenue: a 104 Subbala (add courners (8), (0), and (E)). 105 Total (add time 104, columns (B), (0), and (E)). 106 Subbala (add courners (B), (0), and (E)). 107 Total (add time 104, columns (B), (0), and (E)). 108 Total (add time 104, columns (B), (0), and (E)). 109 Total (add time 104, columns (B), (0), and (E)). 100 Total (add time 104, columns (B), (0), and (E)). 101 Subbala (add courners (B), (0), and (E)). 102 Total (add time 104, columns (B), (0), and (E)). 103 Total (add time 104, columns (B), (0), and (E)). 104 Subbala (add courners (B), (0), and (E)). 105 Total (add time 104, columns (B), (0), and (E)). 106 Total (add time 104, columns (B), (0), and (E)). 107 Interval (B) (B) (B) (B) (B) (B) (B) (B) (B) (B)						
other than inventory. 101 Net income of (1931) from special events. 102 Gross portir or (9sa) from special events. 103 Other revenue: a 104 Subtotal (add columns (B), (D), and (E)). 105 Total (add line 104, columns (B), (D), and (E)). 106 Total (add line 104, columns (B), (D), and (E)). 107 Total (add line 104, columns (B), (D), and (E)). 108 Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's evernity purposes (other than by providing funds for such purposes). 108 SEE STATEMENT 11 109 Part III 100 Name, address, and EIN of corporation. 100 Particular No. of corporation. 100 Particular PRODUCTS, INC. 100 Not 150 1						
101 Nei nome or (rios) from splead events 102 Gross profit or floss) from splead events 103 Other revenue: a 104 Subtital (add columns (B), (D), and (E) 105 Total (add line 104, columns (B), (D), and (E)) 105 Total (add line 104, columns (B), (D), and (E)) 106 Line 105 Jossi fine 1d Part I. should equal the amount on line 12, Part I. 107 Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of Exempt Purposes (See instructions.) 1. Line No 1. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization is exempl purposes (other than by providing funds for such purposes). SEE STATEMENT 11 Part II Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) (A) (B) (C) (D) (E) Name, address, and EIN of corporation, partnership, or disregarded entity ownership interest income assets income and assets income assets income assets income assets income asset income assets income asset income assets income asset income as	other than inventory			18	6,674.	
103 Other revenue: a b c d subtoble (add columns (8), (0), and (E))	•					
Date Subtotal (add columns (8), (D), and (E)). 104 Subtotal (add columns (8), (D), and (E)). 105 Total (add line 104, columns (8), (D), and (E)). 106 Total (add line 104, columns (8), (D), and (E)). 107 Total (add line 104, columns (8), (D), and (E)). 108 Total (add line 104, columns (8), (D), and (E)). 109 Activities to the Accomplishment of Exempt Purposes (See instructions.) 100 Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). 100 Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). 100 Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization of the organization of the organization of the organization of disregarded entity of the organization or disregarded entity of the organization or disregarded entity of the part of the organization or disregarded entity of the part of the organization of the organization of the part of the organization of the part of the organization of the part of the organization of the part of the organization of the part of th	102 Gross profit or (loss) from sales of inventory					
104 Subtotal (add columns (8), (D), and (E)) 105 101 (add line 104, columns (8), (D), and (E)) 6, 218, 286 (bles: Line 105 plus line 104, columns (8), (D), and (E)) 6, 218, 286 (bles: Line 105 plus line 104, Part I, should equal the amount on line 12, Part I.	103 Other revenue: a					A Section 1
See STATEMENT 11 Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) SEE STATEMENT 11 Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) SEE STATEMENT 11 Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) SEE STATEMENT 11 Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) SEE STATEMENT 11 Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) (A) (B) (C) (C) (D) (E) Name, address, and EIN of corporation. Percentage of ownership inferest partnership, or disregarded entity Part XIII PRODUCTS, INC. 100.000 % MERCHANDISING 289. 15,048 SON BOX 150 SONROVIA, CA 91017 ** Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.) a Date the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Part XIII Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.) b Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? Preparer's SNN or PTIN (see Entitle Subsidiaries and taxable ments. and to the best of my knowledge and baller, it is businesses of the part of the part of the part of the preparer (other than other) is based on all indimination of which preparer (other than other) is based on all indimination of which preparer (other than other) is based on all indimination of which preparer (other than other) is based on all indimination of which preparer (other than other) is based on all indimination of which preparer (other than other) is based on all indimination of which preparer (other than other) is based on all indimination of which preparer (other than other) is based on all indimination of which prepare (other than other) is based on all indimination of which prepa	•					
SEE STATEMENT 11 Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) (A) Name, address, and EIN of corporation, partnership, or disregarded entity ownership interest income assets income assets income assets income assets income assets income assets income assets income and the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Part X Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) (E) (C) (D) (E) (E) (E) (C) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E						ļ
SEE STATEMENT 11 Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) (A) Name, address, and EIN of corporation, partnership, or disregarded entity ownership interest income assets income assets income assets income assets income assets income assets income assets income and the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Part X Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) (E) (C) (D) (E) (E) (E) (C) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	d					
Total and Entry to the accomplishment of Exempt Purposes (See instructions.) Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). SEE STATEMENT 11 Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) (A) (B) (C) (D) (E) Name, address, and EIN of corporation, partnership, or disregarded entity ownership interest ownership interest ownership interest ownership interest ownership interest ownership interest ownership or disregarded entity ownership interest ownership or disregarded entity ownership interest owne	e e				22 224	2 104 OF 2
Note: Line 105 plus line 1 d. Part I, should equal the amount on line 12, Part I. Part-Villi-Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.) Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). SEE STATEMENT 11 Part*IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) (A) (C) (D) (E) Name, address, and EIN of corporation, partnership, or disregarded entity ownership interest with the partnership, or disregarded entity ownership interest income assets. SULLD PRODUCTS, INC 100,000 % MERCHANDISING 289, 15,048 PO. BOX 150 ANROVIA, CA 91017 % % ADMROVIA, CA 91017 % % Do bid the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes in the partnership of the partners	104 Subtotal (add columns (B), (D), and (E))	Marie -				
Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)	105 Total (add line 104, columns (B), (D),	and (E))				0,210,200
Name, address, and EIN of corporation. Percentage of ownership interest partnership, or disregarded entity ownership interest partnership, or disregarded entity. Percentage of ownership interest income. SULID PRODUCTS, INC. 100.000 % MERCHANDISING 289. 15,048 10.0 BOX 150 %	or the organization a exempt per		an ov orgviding tung:	s for such purpose	s).	
Name, address, and EIN of corporation. Percentage of ownership interest on disregarded entity ownership interest ownership inte	SEE STATEMENT 11			s for such purpose	s).	
Name, address, and EIN of corporation. Percentage of ownership interest ownership interes	SEE STATEMENT 11			s for such purpose	s).	
Name, address, and EIN of corporation, partnership, or disregarded entity ownership interest ownership interest assets UILD PRODUCTS, INC. 100.000 & MERCHANDISING 289. 15, 048 P.O. BOX 150 & & MONROVIA, CA 91017 & MONROVIA, CA 91017 & & MONROVIA, CA 91017 & & MONROVIA, CA 91017 & & MONROVIA, CA 91017 & & MONROVIA, CA 91017 & & MONROVIA, CA				s for such purpose	s).	
partnership, or disregarded entity ownership interests ownership interest ownership interests ownership interest ownership interest ownership interest ownership interest ownership interest ownership interest ownership interest ownership interests ownership interest ownership int	Part IX Information Regarding Tax	xable Subsid	liaries and Disre	garded Entitie	s). S (See instructions.)	
UILD PRODUCTS, INC. 100.000 % MERCHANDISING 289. 15,048 O. BOX 150 ONROVIA, CA 91017 % Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.) a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes X No Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions). Under penalties of Benefit and Comprete Section of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is contract. Please Signature of these Yes And Donnelly & Marlette Preparer's Signature Signature Signature of print name and file. Preparer's Signature of print nam	Part IX: Information Regarding Tax (A)	cable Subsid	liaries and Disre	egarded Entitie	s). S (See instructions.) (D)	(E)
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.) a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes X No Note: If Yes' to (b), file Form 8870 and Form 4720 (see instructions). Under penalties of before, legisla, that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete sectoral or or preparer (other than officer) is based on all information of which preparer has any knowledge. Please Sign Preparer's signature Date Preparer's signature Preparer's pour if in name (or yours if 12/1707 HAWTHORNE BLVD., STE 301 TORRANCE CA 90503 Phone no. (310) 540-4118	Part IX Information Regarding Tax (A) Name, address, and EIN of corporation.	kable Subsic	liaries and Disre	egarded Entitie	S (See instructions.) (D) Total	(E) End-of-year
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.) a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage	diaries and Disre	egarded Entitie (C) of activities	S (See instructions.) (D) Total income	(E) End-of-year assets
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.) a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes X No Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions). Under penalties of perbyr, I declars that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and corporate per solon of preparer (other than officer) is based on all information of which preparer has any knowledge. Please Signature guidincer Signature guidincer Type or print name and the preparer's signature print name and the preparer's signature print name and the preparer's signature print name (or yours if self-employed) Preparer's SSN or PTIN (see General Instruction W) Preparer's SSN or PTIN (see General Instruction W) ARRIETTE John J. RICE General Instruction W) TORRANCE CA 90503 Phone no. (310) 540-4118	Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity UILD PRODUCTS, INC.	(B) Percentage	of Nature of MERCHANDI	egarded Entitie (C) of activities	S (See instructions.) (D) Total income	(E) End-of-year assels
a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions). Under penalties of before, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and corporate be becaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Please Signature guidincer Signature guidincer Firm's name (or yours if self-employed) Firm's name (or yours if self-employed) TORRANCE CA 90503 Phone no. * (310) 540-4118	Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity UILD PRODUCTS, INC.	(B) Percentage	of Nature of MERCHANDI	egarded Entitie (C) of activities	S (See instructions.) (D) Total income	(E) End-of-year assels
a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions). Under penalties of before, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and corposete beclaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Please Signature profincer STEPHEN RICE CFO Type or print name and the Preparer's signature profincer	Part IX: Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity GUILD PRODUCTS, INC.	(B) Percentage	of Nature of MERCHANDI	egarded Entitie (C) of activities	S (See instructions.) (D) Total income	(E) End-of-year assels
b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity GUILD PRODUCTS, INC. P.O. BOX 150 MONROVIA, CA 91017	(B) Percentage ownership into	of Nature of MERCHANDI	egarded Entitie (C) of activities	S (See instructions.) (D) Total income 289	(E) End-of-year assets . 15,048
Note: If 'Yes' to (b), tile Form 8870 and Form 4720 (see instructions). Under penalties of Perport. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and corportete betaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Please Signature officer Signature officer Type or print name and fig. Preparer's Syn or PTIN (see General instruction W) Preparer's signature of yours if self-employed of address, and zip + 4 TORRANCE CA 90503 Phone no. • (310) 540-4118	Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity GUILD PRODUCTS, INC. P.O. BOX 150 MONROVIA, CA 91017 Part X Information Regarding Tra	cable Subsice (8) Percentage ownership into 100.000	diaries and Disress Nature of Natur	egarded Entitie (C) of activities SING sonal Benefit C	s). S (See instructions.) (D) Total income 289 Contracts (See inst	(E) End-of-year assets . 15,048
Under penalties of befrey, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and corporate sectoration of preparer (other than officer) is based on all information of which preparer has any knowledge. Please Sign Signature plotticer Date Preparer's Signature Date Preparer's signature Date Preparer's SSN or PTIN (see General Instruction W) Preparer's Firm's name (or yours if self-employed) 21707 HAWTHORNE BLVD. STE 301 EIN Only TORRANCE CA 90503 Phone no. (310) 540-4118	Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity GUILD PRODUCTS, INC. P.O. BOX 150 MONROVIA, CA 91017 Part X Information Regarding Tra a Did the organization, during the year, receive any f	rable Subsice (B) Percentage ownership into 100.000	of Nature of Parents MERCHANDI	egarded Entitie (C) of activities SING sonal Benefit Con a personal benefit Con	S (See instructions.) (D) Total income 289 Contracts (See inst	(E) End-of-year assets . 15,048 ructions.)
Please Sign Signature outlineer Date STEPHEN J. RICE CF0 Type or print name and the Preparer's signature Signature Date Preparer's signature Date Date Preparer's SSN or PTIN (see General Instruction W)	Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity GUILD PRODUCTS, INC. 2.0. BOX 150 MONROVIA, CA 91017 Part X Information Regarding Tra a Did the organization, during the year, receive any find the organization, during the year, part part year, year, year, year, year, year, year, year, year, year, year, year, year, year, year, year, year, year, ye	(B) Percentage ownership into 100.000	of Nature of Nature of MERCHANDI & MERCHANDI & S Clated with Perdirectly, to pay premiums lirectly or indirectly,	egarded Entitie (C) of activities SING sonal Benefit Con a personal benefit Con	S (See instructions.) (D) Total income 289 Contracts (See inst	(E) End-of-year assets . 15,048 ructions.)
Paid / Preparer's Signature of print name and the preparer's SN or PTIN (See General Instruction W) Preparer's Signature Date Preparer's SN or PTIN (See General Instruction W) Preparer's SIN or PTIN (See General Instruction W) Preparer's SN or PTIN (See General Instruction W)	Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity GUILD PRODUCTS, INC. P.O. BOX 150 MONROVIA, CA 91017 Part X Information Regarding Tra a Did the organization, during the year, receive any f b Did the organization, during the year, p. Note: If 'Yes' to (b), file Form 8870 and F	Percentage ownership into 100.000 ansfers Assounds, directly or incay premiums, directly (see	diaries and Disress of Nature of Prest Nature of MERCHANDI Nature of MERCHANDI Nature of MERCHANDI Nature of MERCHANDI Nature of MERCHANDI Nature of Merchandian Nature of Merch	egarded Entitie (C) of activities SING sonal Benefit Con a personal	S (See instructions.) (D) Total income 289 Contracts (See instructions.)	(E) End-of-year assets . 15,048 ructions.) Yes X No Yes X No
Paid / Preparer's signature Purposer's signature Preparer's San or PTIN (see General Instruction W) Preparer's Signature Preparer's Signature Preparer's San or PTIN (see General Instruction W) Preparer's Signature Preparer's San or PTIN (see General Instruction W) Preparer's San or PTIN (see General Instruction W)	Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity SUILD PRODUCTS, INC. O. BOX 150 MONROVIA, CA 91017 Part X Information Regarding Tra a Did the organization, during the year, receive any f b Did the organization, during the year, p. Note: If 'Yes' to (b), file Form 8870 and F	Percentage ownership into 100.000 ansfers Assounds, directly or incay premiums, directly (see	diaries and Disress of Nature of Prest Nature of MERCHANDI Nature of MERCHANDI Nature of MERCHANDI Nature of MERCHANDI Nature of MERCHANDI Nature of Merchandian Nature of Merch	egarded Entitie (C) of activities SING sonal Benefit Con a personal	S (See instructions.) (D) Total income 289 Contracts (See instructions.) efit contract?	End-of-year assets . 15,048 ructions.) Yes X No Yes X No
Type or print name and Alexandral Preparer's SSN or PTIN (see Signature Signature Signature State of Signatu	Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity UILD PRODUCTS, INC. O. BOX 150 IONROVIA, CA 91017 Part X Information Regarding Tra a Did the organization, during the year, receive any f b Did the organization, during the year, p. Note: If 'Yes' to (b), file Form 8870 and F Under penalties of before, I declara that I he true, correct, and comprehense are far alon of p.	Percentage ownership into 100.000 ansfers Assounds, directly or incay premiums, directly (see	diaries and Disress of Nature of Prest Nature of MERCHANDI Nature of MERCHANDI Nature of MERCHANDI Nature of MERCHANDI Nature of MERCHANDI Nature of Merchandian Nature of Merch	egarded Entitie (C) of activities SING sonal Benefit Con a personal	S (See instructions.) (D) Total income 289 Contracts (See instructions.) efit contract?	End-of-year assets . 15,048 ructions.) Yes X No Yes X No
Paid / Preparer's signature - Preparer's sign	Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity GUILD PRODUCTS, INC. O. BOX 150 MONROVIA, CA 91017 Part X Information Regarding Trace a Did the organization, during the year, receive any formation to be provided in the partnership of the promise of the partnership of the partnership of the provided in the partnership of t	Percentage ownership into 100.000 ansfers Assounds, directly or into ay premiums, doorm 4720 (see aye examined this reparer (other than of	diaries and Disress of Nature of Prest Nature of MERCHANDI Nature of MERCHANDI Nature of MERCHANDI Nature of MERCHANDI Nature of MERCHANDI Nature of Merchandian Nature of Merch	egarded Entitie (C) of activities SING sonal Benefit Con a personal	S (See instructions.) (D) Total income 289 Contracts (See instructions.) efit contract?	End-of-year assets . 15,048 ructions.) Yes X No Yes X No
Pre- parer's Firm's name (or yours if self-employed) Self-employed Self-	Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity BUILD PRODUCTS, INC. O. BOX 150 MONROVIA, CA 91017 Part X Information Regarding Tra a Did the organization, during the year, receive any find the organization, during the year, power of Yes' to (b), file Form 8870 and Figure, correct, and corporate per parallely of person, I declara that I have correct, and corporate person of power of the property of the p	Percentage ownership into 100.000 ansfers Assounds, directly or incay premiums, of orm 4720 (see	diaries and Disre of Nature of Prest % MERCHANDI % Sociated with Per- directly, to pay premiums lirectly or indirectly, instructions). turn, including accompany officer) is based on all informations.	egarded Entitie (C) of activities SING sonal Benefit Con a personal	S (See instructions.) (D) Total income 289 Contracts (See instructions.) efit contract?	End-of-year assets . 15,048 ructions.) Yes X No Yes X No
Pre- parer's Firm's name (or yours if self-employed) Plant Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity GUILD PRODUCTS, INC. P.O. BOX 150 MONROVIA, CA 91017 Part X Information Regarding Tra a Did the organization, during the year, receive any find the organization, during the year, partnership in the year of the property of the prope	Percentage ownership into 100.000 ansfers Assounds, directly or incay premiums, of orm 4720 (see	diaries and Disre of Nature of Prest % MERCHANDI % Sociated with Per- directly, to pay premiums lirectly or indirectly, instructions). turn, including accompany officer) is based on all informations.	egarded Entitie (C) of activities SING sonal Benefit Con a personal	S (See instructions.) (D) Total income 289 Contracts (See instructions.) efit contract?	(E) End-of-year assets . 15,048 ructions.) . Yes X No Yes X No X No X No X No X No X No X No X N	
oarer's Firm's name (or yours if self-employed) address, and ZIP+4 TORRANCE CA 90503 Phone no. > (310) 540-4118	Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity GUILD PRODUCTS, INC. O. BOX 150 ONROVIA, CA 91017 Part X Information Regarding Trace a Did the organization, during the year, receive any formation to the organization, during the year, power of the organization, during the year, power of the organization of the organization of the organization of power of the organization of th	Percentage ownership into 100.000 ansfers Assounds, directly or incay premiums, of orm 4720 (see	diaries and Disre of Nature of Prest % MERCHANDI % Sociated with Per- directly, to pay premiums lirectly or indirectly, instructions). turn, including accompany officer) is based on all informations.	egarded Entitie (C) of activities SING sonal Benefit C on a personal benefit to on a personal benefit to on a personal benefit to	S (See instructions.) (D) Total income 289 Contracts (See instructions.) efit contract?	(E) End-of-year assets . 15,048 ructions.) . Yes X No Yes X No Yes X No
Use self-employed self-employed address and ZIP + 4 TORRANCE / CA 90503 EIN TORRANCE / CA 90503 Phone no. > (310) 540-4118	Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity SUILD PRODUCTS, INC. O. BOX 150 MONROVIA, CA 91017 Part X Information Regarding Trace a Did the organization, during the year, receive any formation by the programment of the progr	Percentage ownership into 100.000 ansfers Assounds, directly or incay premiums, of orm 4720 (see	diaries and Disre of Nature of Prest % MERCHANDI % Sociated with Per- directly, to pay premiums lirectly or indirectly, instructions). turn, including accompany officer) is based on all informations.	egarded Entitie (C) of activities SING sonal Benefit C on a personal benefit to on a personal benefit to on a personal benefit to	S (See instructions.) (D) Total income 289 Contracts (See instructions.) efit contract? rhas any knowledge. 21 MW 2 Date Check if See!	(E) End-of-year assets . 15,048 ructions.) . Yes X No Yes X No Yes X No
Only address, and TORRANCE / CA 90503 Phone no. ► (310) 540-4118	Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity SUILD PRODUCTS, INC. P.O. BOX 150 MONROVIA, CA 91017 Part X Information Regarding Trax a Did the organization, during the year, receive any form the body the organization, during the year, power power penalties of the property, I declare that in the correct, and comprete the direction of power penalties of the property of the	rable Subsice (B) Percentage ownership into 100.000 ansfers Assounds, directly or incompany premiums, of corm 4720 (see awe examined this receparer (other than contact the company of th	fiaries and Disrement Nature of Prest Nature of Prest Nature of Na	egarded Entitie (C) of activities SING sonal Benefit C on a personal benefit to on a personal benefit to on a personal benefit to	S (See instructions.) (D) Total income 289 Contracts (See instructions.) efit contract? rhas any knowledge. 21 MW 2 Date Check if See!	(E) End-of-year assets . 15,048 ructions.) . Yes X No Yes X No Yes X No
ZIP+4 10RRANCE; CA 90303 Prione no. > (310) 340 4110	Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity GUILD PRODUCTS, INC. O. BOX 150 IONROVIA, CA 91017 Part X Information Regarding Trax a Did the organization, during the year, receive any find the organization, during the year, power of the property	Apple Subsice (B) Percentage ownership into 100.000 ansfers Assounds, directly or incay premiums, of corm 4720 (see awe examined this receparer (other than continued to the company of the continued that is recepared to the continued that is recepared to the continued that is recepared to the continued that is recepared to the continued to the c	of erest Nature of Nature of Prest Nature of Prest Nature of Natur	egarded Entitie (C) of activities SING sonal Benefit C on a personal benefit to on a personal benefit to on a personal benefit to	S (See instructions.) (D) Total income 289 Contracts (See instructions.) efit contract? efit contract? pate 21 NUV : Date Circle if self-employed	(E) End-of-year assets . 15,048 ructions.) . Yes X No Yes X No Yes X No
	Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity SUILD PRODUCTS, INC. O. BOX 150 IONROVIA, CA 91017 Part X Information Regarding Trax a Did the organization, during the year, receive any find the organization, during the year, point the organization, during the year, point in the year of the properties of the propertie	rable Subsice (B) Percentage ownership into 100.000 ansfers Assounds, directly or incompany premiums, of corm 4720 (see every animed this resparer (other than company other than company other than company of the co	of erest Nature of Nature of Prest Nature of N	egarded Entitie (C) of activities SING sonal Benefit C on a personal benefit to on a personal benefit to on a personal benefit to	S (See instructions.) (D) Total income 289 Contracts (See instructions.) efit contract? efit contract? entract? pate Clieck if self-employed EIN	(E) End-of-year assets . 15,048 Fuctions.) Yes X No

Depreciation and Amortization
(Including Information on Listed Property)

See separate instructions.
Attach to your tax return.

OMB No. 1545-0172

2002

67

Department of the Treasury Internal Revenue Service

OCKEYS' GUILD, INC.							
anana ar anticula de alcale de receno refet							
isiness or activity to which this form relations 990/990-PF	es						
	Cd-i	Tanaible December	Hadar Castia	170			
Part Blection To Ex	any listed property	, complete Part V before	re you complete	Part I.			
						1	\$24,000
1 Maximum amount. See ins2 Total cost of section 179 p						2	
3 Threshold cost of section 1						3	\$200,000
4 Reduction in limitation. Su						4	
5 Dollar limitation for tax year	er. Subtract line 4:	from line 1. If zero or le	ss. enter -0 If r	narried fil	ina		
separately, see instruction	S. , ,					5	
6 (a)	Description of property		(b) Cost (business	use only)	(C) Elected cos	:1	
							Table 1
			<u> </u>				
7 Listed property. Enter the	amount from line 2	29		. [7]		T	alian managana a managana da kanana
8 Total elected cost of section	on 179 property. A	dd amounts in column (c), lines 6 and 7			8	<u> </u>
9 Tentative deduction. Enter	the smaller of line	e 5 or line 8		· · · · · · · · · · · · · · · · · · ·		9	
O Carryover of disallowed de	duction from line	13 of your 2001 Form 4!	562			10	
11 Business income limitation						11	1
12 Section 179 expense dedu					************	IZ	A CONTROL OF THE CONT
13 Carryover of disallowed de	duction to 2003. A	dd lines 9 and 10, less	Post I/	13			negowers and
ote: Do not use Part II or Part					- listed scapes		
Part II Special Depre	ciation Allowal	nce and Other Dep	reciation (por	101 includ	e listed propert	Y.,	
14 Special depreciation allow lax year (see instructions)	ance for qualified	property (other than list	ed property) piac	ser	vice during the	14	'
15 Property subject to section	168(f)(1) election	(see instructions)				15	
16 Other depreciation (includi						16	
		include listed property.					
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -							
		Section	n A				
17 MACRS deductions for ass	sets placed in serv	ice in tax years beginni	ng before 2002	, , , , , , , , , ,		17	
18 If you are electing under s	ection 168(i)(4) to	ice in tax years beginni group any assets place	ng before 2002 ed in service duri	ng the tax	year into		
18 If you are electing under some or more general asset	ection 168(i)(4) to accounts, check t	ice in tax years beginni group any assets place nere	ng before 2002 ed in service duri	ng the tax	year into		
18 If you are electing under s one or more general asset Section B	ection 168(i)(4) to t accounts, check the Assets Placed in the Assets Pl	ice in tax years beginni group any assets place nere n Service During 2002	ng before 2002. d in service duri Tax Year Using t	ng the tax he Gener	year into al Depreciation		em
18 If you are electing under some or more general asset Section B (a) Classification of property	ection 168(i)(4) to t accounts, check to - Assets Placed in (b) Month and year placed in service	ice in tax years beginni group any assets place nere	ng before 2002 ed in service duri	ng the tax	al Depreciation	Syst	
18 If you are electing under sone or more general asset Section B (a) Classification of property 19a 3-year property	ection 168(i)(4) to accounts, check in Assets Placed in (b) Month and year placed in service	group any assets place nere Service During 2002 (C) Basis for depreciation (business/investment use	ng before 2002 d in service duri Tax Year Using t (d)	ng the tax he Gener (e)	al Depreciation	Syst	tem (g) Depreciation
18 If you are electing under sone or more general asset Section B (a) Classification of property 19a 3-year property	ection 168(i)(4) to accounts, check in Assets Placed in (b) Month and year placed in service	group any assets place nere Service During 2002 (C) Basis for depreciation (business/investment use	ng before 2002 d in service duri Tax Year Using t (d)	ng the tax he Gener (e)	al Depreciation	Syst	tem (g) Depreciation
18 If you are electing under sone or more general asset Section B (a) Classification of property 19a 3-year property b 5-year property c 7-year property	ection 168(i)(4) to accounts, check? - Assets Placed i (b) Month and year placed in service	group any assets place nere Service During 2002 (C) Basis for depreciation (business/investment use	ng before 2002 d in service duri Tax Year Using t (d)	ng the tax he Gener (e)	al Depreciation	Syst	tem (g) Depreciation
18 If you are electing under sone or more general asset Section B (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property	ection 168(i)(4) to accounts, check? — Assets Placed i (b) Month and year placed in service	group any assets place nere Service During 2002 (C) Basis for depreciation (business/investment use	ng before 2002 d in service duri Tax Year Using t (d)	ng the tax he Gener (e)	al Depreciation	Syst	tem (g) Depreciation
18 If you are electing under sone or more general asset Section B (a) Classification of property 19a 3-year property b 5-year property c 7-year property	ection 168(i)(4) to accounts, check? — Assets Placed i (b) Month and year placed in service	group any assets place nere Service During 2002 (C) Basis for depreciation (business/investment use	ng before 2002 d in service duri Tax Year Using t (d)	ng the tax he Gener (e)	al Depreciation	Syst	tem (g) Depreciation
18 If you are electing under sone or more general asset Section B (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property	ection 168(i)(4) to accounts, check? — Assets Placed i (b) Month and year placed in service	group any assets place nere Service During 2002 (C) Basis for depreciation (business/investment use	ng before 2002. Id in service duri Tax Year Using t (d) Recovery period	ng the tax he Gener (e)	al Depreciation on Metho	ı Syst	tem (g) Depreciation
18 If you are electing under sone or more general asset Section B (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property	ection 168(i)(4) to accounts, check? — Assets Placed i (b) Month and year placed in service	group any assets place nere Service During 2002 (C) Basis for depreciation (business/investment use	ng before 2002. Id in service duri Tax Year Using t (d) Recovery period	he Gener (e) Conventi	al Depreciation on (f) Metho	Syst	tem (g) Depreciation
18 If you are electing under sone or more general asset Section B (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental	ection 168(i)(4) to accounts, check? — Assets Placed i (b) Month and year placed in service	group any assets place nere Service During 2002 (C) Basis for depreciation (business/investment use	ng before 2002. Id in service duri Tax Year Using t (d) Recovery period 25 yrs 27.5 yrs	he Gener (e) Conventi	al Depreciation on (f) Metho	ı Syst	tem (g) Depreciation
18 If you are electing under sone or more general asset Section B (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property	ection 168(i)(4) to accounts, check? — Assets Placed i (b) Month and year placed in service	group any assets place nere Service During 2002 (C) Basis for depreciation (business/investment use	ng before 2002. Id in service during to (d) Recovery period 25 yrs 27.5 yrs 27.5 yrs	he Gener (e) Conventi	al Depreciation on (f) Metho S/I S/I S/I	ı Syst	tem (g) Depreciation
18 If you are electing under sone or more general asset Section B (a) Classification of property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real	ection 168(i)(4) to accounts, check? - Assets Placed i (b) Month and year placed in service	group any assets place nere Service During 2002 (C) Basis for depreciation (business/investment use	ng before 2002. Id in service duri Tax Year Using t (d) Recovery period 25 yrs 27.5 yrs	he Gener (e) Conventi	syear into al Depreciation on (f) Metho S/I S/I S/I S/I	ı Syst	tem (g) Depreciation
18 If you are electing under sone or more general asset Section B (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property property	ection 168(i)(4) to accounts, check? — Assets Placed i (b) Month and year placed in service	ice in tax years beginning group any assets place here. Service During 2002 (c) Basis for depreciation (business/investment use only — see instructions)	ng before 2002. Id in service during to (d) Recovery period 25 yrs 27.5 yrs 27.5 yrs 39 yrs	MM MM MM	syear into al Depreciation on (f) Metho S/I S/I S/I S/I S/I S/I	s Syst	tem (g) Depreciation deduction
18 If you are electing under sone or more general asset Section B (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property property	ection 168(i)(4) to accounts, check? — Assets Placed i (b) Month and year placed in service	group any assets place nere Service During 2002 (C) Basis for depreciation (business/investment use	ng before 2002. Id in service during to (d) Recovery period 25 yrs 27.5 yrs 27.5 yrs 39 yrs	MM MM MM	syear into al Depreciation on (f) Metho S/I S/I S/I S/I S/I tive Depreciati	s Syst	tem (g) Depreciation deduction
18 If you are electing under sone or more general asset Section B (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property h Residential rental property i Nonresidential real property Section C -	ection 168(i)(4) to accounts, check? — Assets Placed in service Assets Placed in service - Assets Placed in service	ice in tax years beginning group any assets place here. Service During 2002 (c) Basis for depreciation (business/investment use only — see instructions)	ng before 2002. Id in service during to (d) Recovery period 25 yrs 27.5 yrs 27.5 yrs 39 yrs ax Year Using the	MM MM MM	syear into al Depreciation on (f) Metho S/I S/I S/I S/I tive Depreciati	Syst d	tem (g) Depreciation deduction
18 If you are electing under sone or more general asset Section B (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property Section C — 20 a Class life b 12-year.	ection 168(i)(4) to accounts, check? — Assets Placed in year placed in service - Assets Placed in Assets Placed in the placed	ice in tax years beginning group any assets place here. Service During 2002 (c) Basis for depreciation (business/investment use only — see instructions)	ng before 2002. Id in service during to (d) Recovery period 25 yrs 27.5 yrs 27.5 yrs 27.5 yrs 39 yrs ax Year Using the	MM MM MM MM e Alterna	syear into al Depreciation on (f) Metho S/I S/I S/I S/I S/I S/I S/I S/I S/I S/	Syst d	(g) Depreciation deduction
18 If you are electing under sone or more general asset Section B (a) Classification of property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property Section C — 20 a Class life b 12-year. c 40-year.	ection 168(i)(4) to accounts, check? — Assets Placed in service Assets Placed in service	ice in tax years beginning group any assets place here. Service During 2002 (c) Basis for depreciation (business/investment use only — see instructions)	ng before 2002. Id in service during to (d) Recovery period 25 yrs 27.5 yrs 27.5 yrs 39 yrs ax Year Using the	MM MM MM	syear into al Depreciation on (f) Metho S/I S/I S/I S/I tive Depreciati	Syst d	(g) Depreciation deduction
If you are electing under sone or more general asset Section B (a) Classification of property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - 20 a Class life b 12-year c 40-year Part IV	ection 168(i)(4) to accounts, check? — Assets Placed in service - Assets Placed in service - Assets Placed in service	ice in tax years beginning group any assets place there. In Service During 2002 (c) Basis for depreciation (business/investment use only — see instructions)	ng before 2002. Id in service during to (d) Recovery period 25 yrs 27.5 yrs 27.5 yrs 27.5 yrs 39 yrs ax Year Using the	MM MM MM MM e Alterna	syear into al Depreciation on (f) Metho S/I S/I S/I S/I S/I S/I S/I S/I S/I S/	n Syst	(g) Depreciation deduction
18 If you are electing under sone or more general asset Section B (a) Classification of property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property i Nonresidential rental property i Nonresidential real property Section C - 20 a Class life b 12-year c 40-year Part IV Summary (see	ection 168(i)(4) to accounts, check? — Assets Placed in service - Assets Placed in service - Assets Placed in service instructions) ount from line 28.	ice in tax years beginning group any assets place there. In Service During 2002 (c) Basis for depreciation (business/investment use only — see instructions)	ng before 2002. Id in service during to (d) Recovery period 25 yrs 27.5 yrs 27.5 yrs 39 yrs ax Year Using the 12 yrs 40 yrs	MM MM MM MM MM	syear into al Depreciation on (f) Metho S/I S/I S/I S/I S/I S/I S/I S/I S/I S/	Syst d	(g) Depreciation deduction
If you are electing under sone or more general asset Section B (a) Classification of property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - 20 a Class life b 12-year c 40-year Part IV	ection 168(i)(4) to accounts, check? — Assets Placed in service - Assets Placed in service - Assets Placed in service instructions) ount from line 28.	ice in tax years beginning group any assets place here. In Service During 2002 (c) Basis for depreciation (business/investment use only — see instructions) Service During 2002 T	ng before 2002. Id in service during to (d) Recovery period 25 yrs 27.5 yrs 27.5 yrs 27.5 yrs 39 yrs ax Year Using the 12 yrs 40 yrs	MM MM MM MM MM MM MM MM	syear into al Depreciation on (f) Metho S/I S/I S/I S/I S/I S/I S/I S/I S/I S/	n Syst	tem (g) Depreciation deduction

2002 `

FEDERAL STATEMENTS

PAGE 1

JOCKEYS' GUILD, INC.

STATEMENT 1 FORM 990, PART I, LINE 8 NET GAIN (LOSS) FROM NONINVENTORY SALES

NONPUBLICLY TRADED SECURITIES

DESCRIPTION:
DATE ACQUIRED:
HOW ACQUIRED:
DATE SOLD:

SECURITIES VARIOUS PURCHASED VARIOUS

TO WHOM SOLD:

GROSS SALES PRICE: COST OR OTHER BASIS:

196,000. 189,326.

GAIN (LOSS)

6,674.

6,674.

TOTAL GAIN (LOSS) NONPUBLICLY TRADED SECURITIES \$

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 6,674.

STATEMENT 2 FORM 990, PART I, LINE 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ADJUSTMENT TO REALIZED GAIN. \$ 258. UNREALIZED LOSS ON INVESTMENTS \$ -207,478. TOTAL \$ -207,220.

STATEMENT 3 FORM 990, PART II, LINE 43 OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
ASSIST REG & PROMOTION RACING BAD DEBT EXPENSE BANK SERVICE CHARGES	434,189 ~ 40,085 ~ 12,389 ~	434,189.	40,085. 12,389.	
BOOKKEEPER BUSINESS PROMOTION	17,548. 9,215.		17,548. 9,215.	
CHARITABLE CONTRIBUTIONS COMPUTER SERVICES DUES & SUBSCRIPTIONS	600. 91,899. 5,004.		600. 91,899. 5,004.	
FIDICIARY FEES - HEALTH & WELF INSURANCE	22,709. 9,714.	,	22,709. 9,714. 1,288.	
LICENSE & PERMITS MARKETING RENT & PARKING	1,288. 9,792. 109,674.		9,792. 109,674.	·
TAXES UTILITIES	1,624. 940. TOTAL \$ 766,670.	\$ 434,189.	1,624. 940. \$ 332,481.	<u>\$</u> 0.

FEDERAL STATEMENTS

PAGE 2

JOCKEYS' GUILD, INC.

STATEMENT 4
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

GRANTS AND PROGRAM SERVICE

ALLOCATIONS

DESCRIPTION

JOCKEYS' GUILD IS A LABOR ORGANIZATION REPRESENTING APPROXIMATELY 800 MEMBERS. THE GUILD NEGOTIATES PERIODIC MASTER AGREEMENTS WITH THE THOROUGHBRED RACING ASSOCIATION. THE AGREEMENTS PROVIDE FOR MONETARY CONTRIBUTIONS TO THE GUILD TO PROVIDE FOR HEALTH, ACCIDENT AND OTHER MUTUAL BENEFITS TO THE JOCKEYS THROUGHOUT THE COUNTRY. ALSO, THE GUILD BARGAINS FOR AND OBTAINS DUE PROCESS PROCEDURES FOR JOCKEYS IN DISCIPLINARY PROCEEDINGS.

3,320,509.

EXPENSES

0. \$3,320,509.

STATEMENT 5 FORM 990, PART IV, LINE 54 INVESTMENTS - SECURITIES

CORPORATE STOCKS

CORPORATE STOCKS

COST

VALUATION
METHOD

AMOUNT

\$ 1,262,177.

TOTAL \$ 1,262,177.

OTHER SECURITIES VALUATION METHOD AMOUNT
INVESTMENT SECURITIES COST 51,031.

TOTAL \$ 51,031.

TOTAL INVESTMENTS - SECURITIES \$ 1,313,208.

STATEMENT 6 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY			BASIS		ACCUM. DEPREC.	 BOOK VALUE
FURNITURE AND FIXTURES MACHINERY AND EQUIPMENT	TOTAL	\$ \$	80,008. 59,497. 139,505.	\$ \$	80,008. 58,375. 138,383.	\$ 0. <u>1,122.</u> 1,122.

TREASURER

DIRECTOR

0.

0.

0.

0.

0.

٥.

MONROVIA, CA 91017

CHRIS MCCARRON

P.O. BOX 150 MONROVIA, CA 91017

ROBBIE DAVIS

P.O. BOX 150 MONROVIA, CA 91017

JOCKEYS' GUILD, INC.

STATEMENT 9 (CONTINUED) FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KENT DESORMEAUX P.O. BOX 150 MONROVIA, CA 91017	DIRECTOR 1	\$ 0.	\$ 0.	\$ 0.
LARRY REYNOLDS P.O. BOX 150 MONROVIA, CA 91017	DIRECTOR 1	0.	0.	0.
RAY SIBILLE P.O. BOX 150 MONROVIA, CA 91017	DIRECTOR 1	0.	0.	0.
NICKY WILSON P.O. BOX 150 MONROVIA, CA 91017	DIRECTOR 1	0.	0.	0.
ALICE GALSTIAN 630 THE VILLAGE #117 REDONDO BEACH, CA 90277	CFO NONE	0.	0.	0.
STEPHEN J. RICE P.O. BOX 150 MONROVIA, CA 91017	CONTROLLER NONE	0.	0.	0.
	TOTAL	\$ 75,000.	\$ 0.	\$ 0.

STATEMENT 10 FORM 990, PART VI, LINE 80B RELATED ORGANIZATIONS

NAME OF ORGANIZATION	<u>EXEMPT</u>	NONEXEMPT
DISABLED JOCKEY'S ENDOWMENT INC.	X	
DISABLED JOCKEYS FUND	Х	x
GUILD PRODUCTS, INC JOCKEYS' GUILD HEALTH AND WELFARE FUND	X	••

STATEMENT 11 FORM 990, PART VIII RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE # EXPLANATION OF ACTIVITIES

ORDER TO ASSIST TOCKEYS! CHILD IN PERPESENTING APPROXIMATELY

93A-D FUNDS USED TO ASSIST JOCKEYS' GUILD IN REPRESENTING APPROXIMATELY 800 JOCKEYS AS A LABOR ORGANIZATION.

DUES AND ASSESSMENTS FROM THE GUILD MEMBERS TO PROVIDE HEALTH, LIFE, AND DISABILITY BEBFITS TO MEMBERS. IN ADDITION, EMERGENCY ASSISTANCE FINANCIAL AID IS PROVIDED TO THOSE MEMBERS IN GREATEST NEED.

2/31/02		2002 F	2002 FEDERAL BOOK DEPRECIATION SCHEDULE	 	§	DEPF	*ECIA	NOL	SCHE	DULE					PAGE 1
	•				JOCK	EYS' GU	JOCKEYS' GUILD, INC.								
NO. DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS.	CUR 179	SPECIAL DEPR. ALLOW	PRIOR 179/ Bonus/ SP_DEPR	PRIOR DEC. BAL. DEPR.	SALVAG /Basis Redict	DEPR. Basis	PRIOR DEPR	.	T GO	METHOD, LIFE, BATE	CURRENT
N 990/950-PI						 							<u>.</u>		
FURNITURE AND FIXTURES															
2 OFFICE FURNITURE	8 6/10/9		80,08	•						80,008	8 77,652		200DB HY	7 .08930	2,356
TOTAL FURNITURE AND FIXTURE MACHINERY AND EQUIPMENT			80,008			•	0	•	0	80,008	8 77,652	252			2,356
1 COMPLTER HARD/SOFTWARE	86/10/9		59,497	•					<u> </u>	59,497	125'15		2000B HY	5 .11520	A28,9 0
TOTAL MACHINERY AND EQUIPME			59,497		•	0	0	0	0	59,497	1,521	12.			6,854
TOTAL DEPRECIATION			139,505	. #	0	0	0	0	0	139,505	5 129,173	E			9210
GRAND TOTAL DEPRECIATION			139,505	-	0	0	0	0	0	139,505	5 129,173	<u>2</u> 1	,		9210
	•								•						
			·				C								
							,								
									·						